Reviewer's report

Title: The development and evaluation of a five-language multi-perspective standardised measure: Clinical Decision-making Involvement and Satisfaction (CDIS)

Version: 2 Date: 25 February 2013

Reviewer: Isabelle Scholl

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Major Compulsory Revisions

1. One of my main concerns is that it is not very clear why the authors wanted to develop a new measure in the first place. The aim and rationale for developing a new measurement tool needs to be addressed in the introduction section. Probably there was a lack of instruments available at the time that the study was designed, but this needs to be pointed out, especially several new scales have been developed and tested in the meantime (for an overview see http://www.ncbi.nlm.nih.gov/pubmed/21620327). Furthermore, I would recommend describing the aims of the study at the end of the introduction section instead of the methods section.

2. A second concern (closely related to the first one) is related to the construct the developed scale is supposed to measure. On the one hand the authors developed a measure to assess satisfaction with decision making and on the other hand “involvement in decision making”. What do they mean by the latter? Do they want to assess the decision-making process, i.e. how much a patient is involved in the decision-making process in the clinical encounter? Or do they want to assess the preference for involvement, which is rather considered to be a decision antecedent? This fuzziness is apparent throughout the manuscript, especially in the results and discussion section. The review on measures aims to find instruments that assess involvement in decision making. Subsequently, the authors describe that they used the items of the Control Preference Scale, which does not assess involvement in decision-making but the preference for involvement in decision-making. Later on, they state that the OPTION Scale could have been used as a comparator, which does not assess the preference for but rather the process of decision-making. This is an important difference that should be addressed.

3. The manuscript in its present form is very long, which makes it hard for the reader to follow. Please consider restructuring (e.g. by the use of subheadings) and shortening. Especially the methods section with over 12 pages is disproportionally long. In this context, please consider describing the final version of the instrument in the results section rather than the methods section. Another idea for shortening could be to omit information on issues that were considered but not done (e.g. translating transcripts into English). Although this is interesting
information, it might not be necessary for the manuscript.

4. Please provide the developed questionnaire in the manuscript (as tables). This makes it much easier for the reader to understand the manuscript. Furthermore, it allows shorting of the main text (see comment above).

5. In the methods section the authors first describe several staff-rated and service user-rated assessments. As a reader one can assume that they are used to assess convergent and divergent validity, but this is only explained later on. Please consider restructuring.

Minor Essential Revisions

6. Regarding the literature review on measures: please provide the exact search strategy in the appendix. It would also be interesting to have the inclusion and exclusion criteria applied. Please provide the rationale for only searching one database. Was there a secondary search strategy applied?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests