Author's response to reviews

Title: The influence of completing a health-related questionnaire on primary care consultation behaviour

Authors:

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Author's response to reviews:

Dear Ms Parkin

Thank you for your email dated 28th June 2006 and the invitation to submit a revised manuscript taking into account the referees' comments. We were very pleased to get such positive feedback from the referees. We have completed our revision based on the points that they have raised and specify how we have addressed them below.

Reviewer: Anne F Young

1. Explain why a three month period was chosen for investigation

A three month period was chosen for analysis to allow time for the mailing process to be completed (e.g. the mailing of two week and four week reminders to non-responders) and to allow sufficient time for any effect of the questionnaire to result in an actual consultation. (p.6).

2. What were the differences (eg. socioeconomic status, education, sex, age, health) between the original sample (n=5784) and those who eventually were included in the analysis (n=3402)? Were there any biases? Discuss how might this affect the generalisability of the findings.

The final included sample of 3402 were no different in terms of gender, but were slightly younger and reported slightly more knee pain, and more pain in general, than the remainder of the 5784 original sample. This was also true at follow-up when just comparing the 3402 with those who responded at follow-up but did not consent to review of medical records. We have added this information to the results (p.7). This is a study about the effects of completing a questionnaire on consultation rather than of receiving the questionnaire. However, we have added to our discussion on whether non-responders or non-consenters may have increased their consultation prevalence and the effect this may have had on our results (p.10).

3. Only a small percentage of people consulted practitioners for knee problems. What was the power of this study to detect a meaningful difference in consulting behaviour? Were any sample size calculations performed?

No sample size calculations for this specific aim of the study were performed. However, this is a large study (3402 subjects), made even more powerful by the matched design (the same subjects measured on more than one occasion). Therefore, the study would be able to detect quite small differences in consultation rates as evidenced by the statistically significant result for consultation for knee problems in the three months after the survey compared to the three months before the survey. Therefore, we do not believe power is a problem. We have highlighted the size of the study, and the small differences found, in the results by adding in a confidence interval for difference in proportions (p.7) and through a comment in the discussion (p.9).

4. The conclusion may be a bit too general: “health-related questionnaires do not affect the standard consulting behaviour of patients”. This particular questionnaire did not affect the consulting behaviour of this group of people. The questionnaire dealt with physical health issues. It is not clear whether a
questionnaire dealing with mental health issues may alter consulting behaviour. This should be discussed.

This is an important point and we have clarified this in the abstract (p3) and added this to the discussion (p.9).

Reviewer: Tess Harris

No revisions requested.

We look forward to hearing from you.

Yours sincerely

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