Reviewer's report

Title: Outcome related to impact on daily living: preliminary validation of the ORIDL instrument

Version: 1 Date: 26 March 2007

Reviewer: Charlotte Paterson

Reviewer's report:

General
Outcome related to impact on daily living: preliminary validation of the ORIDL instrument

Reilly D, Mercer SW, Bikker AP, Harrison T

This paper summarises and extends information about the ORIDL questionnaire, formerly the GHHOS and provides some important evidence of validity. This is important because this questionnaire is widely used, especially but not exclusively in homeopathic teaching and research, and a high quality publication on its validity has been long awaited.

Because this paper summarises several studies it is quite complex, and some of the following comments aim to make it easier to follow. I have no serious criticisms of the paper but suggest that the following points need attention.

-------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Response rates for the tools in the studies are not given. These are important indicators of feasibility and acceptability and should be provided.

2. The ORIDL questionnaire is not fully described or reproduced. I couldn’t find it on the website link given. Although the 9 choices of scale are given in the methods the preamble to these choices isn’t described until Page 16. It seems key to know what the patient is answering about as well as what score is given. Could it be provided as Figure 1?.

3. Analysis. This section is not clear and appears to focus on the correlations between scores of different questionnaires. For example it does not indicate how what significant tests were used for Table 1 (chi-squared?), neither does it comment on the rather unusual presentation of the EuroQol data: as % of people in each category. I presume this is presented in this way to be more comparable with the ORIDL scores, but this rather skims over the differences between transition and before/after scales.

4. ‘the ORIDL threshold (< +2)’ is not described until page 13: this description needs bringing forward. Why choose this level? Is it the same as minimal clinically significant difference? How do we know?

-------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-------------------------------------------------------------------------------

Discretionary Revisions (which the author can choose to ignore)

5. ORIDL is ‘modelled on how patients and doctors already assess care in daily practice’. I think this is true only in the context of the healthcare consultation, so not sure that point number 3 of the strengths ‘It is based on the patient’s experience (i.e. patient focussed)’ is true. Out of the consultation patients are likely to assess outcome not only on symptoms and disability, but also on safety and aspects of process of care (empathy) etc. As the authors rightly say more qualitative research is needed to explore ORIDL from patients perspective. The strengths of ORIDL are that it is rooted in the joint assessment of outcome within a healthcare consultation.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests