Reviewer’s report

Title: Measuring frailty in clinical practice: a comparison of physical frailty assessment methods in a geriatric out-patient clinic.

Version: 2 Date: 26 Jun 2017

Reviewer: Brian Buta

Reviewer's report:

Thank you for allowing me to review this revised version. The authors have been very receptive to the reviewers feedback and have done a good job incorporating a number of changes based on the recommendations. Please see the following comments:

1) I see that feasibility was dropped as key word. Since the more novel aspects of feasibility assessment have been removed by deleting the staff survey information, I understand this decision; but the way the paper is written, feasibility is still described as the primary focus. Do you view the main contribution of this work as showing that frailty assessments were completed for 90% of the participants for each frailty instrument? I agree that this could be helpful to know, but it obviously does not capture many of the other aspects that would contribute to making these instruments feasible in a real-world clinical setting. Resources and safety are also important, but these are not discussed at length. A big limitation (which I see is mentioned) is that we do not know if assessment completion would have been as high if it was conducted by the clinic staff themselves. So it seems that equal focus (and discussion space) should be placed on the prevalence comparisons. Feasibility, as defined, as the primary focus may not be enough.

2) The discussion should consider what it means to classify as someone as frail or pre-frail. If these instruments are argued to be feasible, then what happens when they are implemented and frail people are identified. This is a question that the field struggles with, and it should be addressed. You would not want to rush frailty assessment into a clinic setting without a plan for its utility. Please see Sourial, Bergman et al 2013.

3) At the top of page 15 of the revised manuscript, there is a statement that agreement between the phenotype and SPPB was high. According to the Kappa statistic, this is not accurate - it should be fair to moderate. This raises a bigger issue - even if both are "feasible," they are not identifying the same people as frail. So which one is used would have significant clinical implications, beyond whether participants/patients are willing to complete the assessment. This needs to be discussed.

4) Good point regarding the limitations of the low physical activity item in the phenotype.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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Yes

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