Reviewer's report

Title: Patient Perspectives on the Components of a Self-Management Program for Individuals with Traumatic Spinal Cord Injury: Results from a National Survey

Version: 1 Date: 14 May 2014

Reviewer: Marcel WM Post

Reviewer's report:

Overall, this is an interesting study on an important topic. Too few researchers have paid attention to needs expressed by individuals with disabilities in designing self-management programs.

The manuscript is generally well-written.

The study however suffers from some limitations:
- The response rate is low; much lower than the authors mention (see comment below).
- The authors used a structured questionnaire with apparently no possibilities for the participants to add themes or modes other than the pre-listed ones. Strangely and sadly, important health problems as dealing with bladder and bowel problems and spasms were forgotten in the design of the questionnaire (page 13).
- Overall, the authors show a specific interest in depression, and I do not feel their concerns are completely justified (see comments below).
- Participants were asked to rate the importance of the various components for individuals with traumatic SCI in general, so it is by no means certain that they would be motivated to participate in such a program themselves.

Major compulsory revisions

1. Page 2. Results: If 300 individuals with SCI were invited through the RHI, and an additional unknown (!) number were invited through the TWH, the final sample of 99 does not correspond to the reported response rate of 48%
2. Idem; I am not sure how to interpret the 74% preferring individuals with a similar level of injury, if only a minority preferred a group setting.
3. Key words. Please consider more useful keywords than “Program”, “National” and “Survey”
4. Page 4. The study lacks specific research questions.
5. Page 6. The HADS is not a diagnostic tool and provides only a number of depressive symptoms, that is considered indicative of possible depression. Literature shows that about half of those scoring above the clinical cut-off point do not have depression as assessed in a subsequent clinical interview. So please refer to the term symptoms of anxiety or depression, or to mood...
problems, when interpreting scores on the HADS.

6. Page 8. I do not think the non-response analysis is useful in its current form. Since the large majority is known at the RHI and WTH, it will be possible to compare the 114 participants to those who were invited but declined participation or were excluded because they did not complete the questionnaire.

7. Page 8. Please add the number of individuals invited through the WTH.

8. Page 11. There is too little attention for the time frame: the sample is heterogeneous in terms of time after SCI, and individuals with relatively recent SCI may have different needs and concerns than those with long-standing SCI.

9. Discussion overall: please discuss the generalizability of the findings and possible implications for individuals with non-traumatic SCI.

10. Page 12. The authors pay much attention to the low importance ratings of dealing with depression. I do not think this is actually that worrying: 34.3% rated this topic as very important and 42.4% rated it as important. The others might simply feel a self-management intervention is not the best setting to treat depression.

Minor essential revisions
1. I do not think numbering the headings is according the journal style.
2. Please provide more information on the project as a whole to show how this part fits in the project as a whole, or add a reference to the place where more information can be found.
3. Page 7. Please add that you used the short version of the PAM.
4. Page 9 and 10. There is no need to repeat numbers that are in a Table in the text.
5. Page 9. How many participants visited their primary care physician in the previous 12 months?
6. Page 15 line 6. Participants rated the importance for individuals with TSCI in general, not for themselves, so I do not feel that it is allowed to infer that this proportion will be higher in individuals who are not as high functioning.

Discretionary revisions
1. Page 9. Please consider to insert an extra Table with the figures on received care.
2. Page 13. Is distance/transportation not an important consideration in Canada?
3. Page 14 mid-page. I wonder why the authors associate physical health issues with a professional and mental health issues with a peer leader?

**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