Author’s response to reviews

Title: Cross-cultural validation of the Bengali version Kidscreen-27 quality of life questionnaire

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Dear BMC Pediatrics,

Re: BPED-D-18-00395R1

Cross-cultural validation of the Bengali version Kidscreen-27 quality of life questionnaire

Revision #2 - reply to reviewers

1. Reviewer 1: The authors revised the manuscript sufficiently, but even they added one or two references again the discussion is missing what different previous cross-cultural studies testing psychometric properties in other languages found and how these from the study compare to that previous.
Response: Thank you for this helpful comment. We have reviewed our ‘Discussion’ section and ensured that we provided comparison of our findings to other translations and psychometric testing of Kidscreen-27. In particular, we highlight similarities/differences between our findings and the original European version instrument, Iranian (Persian), Chinese (Cantonese) and Irish versions of the questionnaire.

2. Reviewer 2: The authors have responded all my comments. However, the authors said that "We have included our results from the CFA that was conducted prior to EFA." Actually, EFA should be prior to CFA. Thus authors need to carefully re-done these two analyses and check to make sure the results of EFA can be confirmed by those of CFA."

Response: On request from Reviewer 2 we have checked our analysis and do not report changes to our findings. Our two analysis have been conducted carefully with input from Statistician Claire Galea (BEd, GDipStat, GDipVET, MEpid) from the Cerebral Palsy Research Institute, Australia.

Literature on CFA and EFA tends to be inconclusive in regards to protocol and there is ongoing discussion in regards to how the two methods may be used when instruments are being psychometrically tested in cross-cultural settings. In stages of original instrument design EFA would be conducted prior to CFA however in our instance we were seeking to confirm the factor structure in regards to the original European design.

Our protocol was as follows -

Initially, our analysis intended to verify if the translated Bengali version Kidscreen-27 questionnaire reflected the dimension structure of the original European (English language) instrument. We conducted CFA to confirm if the dimension structure was the same between the two versions of the instrument. Our findings showed the five-factor model (based on the original European instrument) was a poor fit. Our first manuscript did not report this analysis however we have included this analysis in the first revision.
We then conducted EFA to explore how the Bengali version Kidscreen-27 instrument behaved without a priori fixed number of factors or preconceived idea of how the variables would load onto the factors. These results were reported in full.

Thank you again to both reviewers to the time they have given in providing comment on our manuscript. We hope we have addressed your concerns.

Kind regards,

Rosalie Power