Reviewer's report

Title: Community physicians' knowledge of secondary prevention after ischemic stroke: a questionnaire survey in Shanxi Province, China

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Reviewer: Gyanendra Kumar

Reviewer's report:

The authors wish to publish their survey of what appear to be 1910 participants in various community practices in the Shanxi Province of China. This is clearly relevant given the potential to be a glimpse into the delivery of stroke care in the Shanxi Province. I have made the following observations:

1. The use of English language is suboptimal to the point that it is difficult to grasp the purport of the sentences at times. It is important to have this manuscript professionally edited for grammar and language.

2. The reader/reviewer does not understand the difference in training/expertise between physicians with junior college degree, bachelor's degree, and master's degree in medicine.

   It is relevant for the reader to understand what these degrees mean in terms of the number of years of medical school and the number of years in postgraduate-level (resident/fellow) training.

3. The reader/reviewer is oblivious to the structure of the Stroke systems of care (and healthcare in general) in the Shanxi Province. What does a community physician do with a patient with, for instance, a high ABCD2 score? Does such a patient get referred to a tertiary care center or a Stroke Neurologist for expedited workup?

   It is important for the reader to know what Stroke systems of care exist in the Province being surveyed.

4. In the discussion the authors indicate that the response rate was high because of the involvement of governmental authorities. What role did they play in ensuring a high response rate?

5. On pages 3 and 4, lines 65 and 66, authors mention recommendations of the Chinese National Guidelines for prevention of ischemic stroke and transient ischemic attack. They need to provide a reference for this.

6. Have the authors considered the possibility that the community physicians might be more acquainted with recommendations of the Chinese guidelines rather than AHA/ASA guidelines on which the questionnaire was based? Does data exist on the knowledge of Chinese guidelines among community practitioners?

7. Q2 was framed without a context. It would be impossible to answer this question without a context. Did the authors mean to ask about BP control in
acute stroke here?

8. The use of p values in the tables is done without a proper statistical framework. Were these analyses planned a priori? What do these mean? Which differences are significant and why?

This paper cannot be accepted in its current form and needs a major revision.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

No competing interests.