Dear editor,

Thank you for your email regarding decision on our paper entitled “Family Psychosocial Assessment in the Clinical Setting”. We appreciate your comments and the valuable comments of the reviewers. We studied the reviews carefully and revised the manuscript to address the reviewers’ comments. Please find below a point by point reply.

1. Regarding the question on whether the study is validation of the questionnaire vs. finding a correlation between the measures and the PSC-17:

   Our response: The main aim was to demonstrate the correlation between the FHQ and PSC-17. However, we also examined the properties of the FHQ to determine its validity as a screening test once the correlation was found.

2. Regarding the choice not to include direct health correlations:

   Our response: The study was not powered to detect differences in direct health outcome measures such as BMI and clinic and ED visits. We collected this data but did not report the results because of the above mentioned reason which is that the sample size was not large enough to determine statistical significance for these measures.
3. The instrument development and translation section is reviewed in the introduction section, to provide more detail as follows:

“Instrument development: The initial version of the instrument was developed by the primary investigator, who has training and experience in the field of the psychosocial aspects of child and family health in conjunction with a systematic review of the literature on the subject as outlined in the background section. The instrument was reviewed and approved by the authors”.

Instrument translation: The initial translation was conducted by bilingual-bicultural (American/Hispanic) member of the institution’s interpreter services office. This translation was then independently reviewed by 3 other trained bilingual interpreters after meeting with the authors to discuss the aims of the questions and the constructs being measured. A few minor adjustments were made to the questionnaires based on their input.

Subsequently, the instrument was pilot tested with 3 bilingual health care workers and 3 bilingual parents. These subjects were able to clearly understand and articulate the content and meaning of the questions, and no further modifications were felt to be necessary. This procedure addressed the content and semantic equivalence as well as the cultural and conceptual aspects of the instrument translation.

4. The methods section was modified to include more information about the PSC-17 as follows: “The Pediatric Symptom Checklist 17 (PSC-17) is a brief version of the Pediatric Symptom Checklist 35 (PSC-35). The PSC-17 is a parent self-administered questionnaire that explores a range of behavioral symptoms in children. It includes 3 subscales for internalizing, externalizing and attention deficit symptoms. A score of 15 or more suggests the presence of significant behavioral or emotional problems. In a large study using data collected on 80,680 pediatric outpatients, ages 4 to 15 years, over 10 year study period, PSC17 showed high reliability and was comparable to the original instrument, and supported the continued use of the PSC-17 in clinical practice and research”.

5. The methods section was revised to include the procedure of completion of the questionnaire by the parents.

6. The mean age of the children, relationship of the person who filled the questionnaire to the child and proportion of Spanish speaking families are presented in the results section. We added inclusion and exclusion criteria.
7. The fact that the sample was drawn from only 2 clinics was addressed in the discussion and is recognized as one of the limitation of the study.

Thank you again for your consideration of this paper.

We look forward to your reply.

Best regards,