Reviewer’s report

Title: Regaining Confidence after Stroke (RCAS): a feasibility randomised controlled trial (RCT)

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Reviewer: Annie Rochette

Reviewer's report:

Manuscript title: Regaining Confidence after Stroke (RCAS): a feasibility randomised controlled trial (RCT)

Overall: The paper reads well overall and is relevant. I do have a number of comments which hopefully will improve content.

Abstract: What were the more specific objectives besides "evaluate feasibility"? Please add info on eligibility criteria of participants. "Carers were invited to attend some…” be more specific, how many, a maximum? Specify what outcome was used to 'examine fidelity'. Interviews were conducted… using open-ended questions? In the results, when reporting a mean, add SD, specify if allocation was random or not; for mean number of sessions, add denominator and SD. In the conclusion, results or outcomes support the feasibility - and how was feasibility defined?

Introduction:

P2, line 48-51: I would recommend to make sure the course i.e the intervention is described sufficiently and follows the TIDER http://www.equator-network.org/reporting-guidelines/tidier/; this course is anchored in which theory/approach/framework? Therefore, mood and confidence are the primary outcomes? How can these be measured, with what tools that are the most able to detect change over time?

P3, line 22: screening should come before recruitment - we screen for eligibility first, then recruit, get consent etc.

Line 27-28: need to define what is meant here by fidelity?

Line 32-33: why using post in an era of internet and use or offer also online collection?

P4, line 36: not sure I understand what is meant by this (Discharged from all other rehabilitation therapies) as it is a comparison between usual care versus usual care + RCAS?
P5, line 19: how were those outcomes chosen? what are their characteristics, especially regarding ability to detect change?

Line 54-57: "selected sessions" more precisely x/11 sessions?

P6, line 35-38: was this information collected for both groups?

Line 44: 'sufficient participants' i.e. a minimum of ?

P8, line 49-50: add a Figure to illustrate the study process. After allocation, need to wait to recruit enough to form a group, how long can that take, does this mean that 3 months after allocation may not be the same time post intervention completed, RCAS course?

Line 57-58: 'participants' add n=?

P9 line 3: ' A topic guide was used…..' how was it developed and what the topics were, please, provide examples?

P12, line 25-26: need to add full length of abbreviations as a legend of the Table.

P13, line 47-48: unclear to the reader why sessions # 4-5 and 7 are missing from the table.

P 15 line 28-29: How can the response rate be not complete as I understood these were collected by a research assistant at the time of getting consent?

P 15: for the format of the Table, I find it easier to read when data are presented as n (%) instead as two columns, one for n and another one for %.

P16, line 2: typo error.

Line 5-8: what would be targeted sample size needed to have sufficient power in an effectiveness trial? What would be the primary outcome and secondary outcomes based on these results in an effectiveness trial?

P19, line 25: can you present facilitators as well or 'factors' influencing ?

P20, line 28-34: did you get any 'benefit' on outcomes besides qualitative comments? How can we state that a shorter course would not reduce benefits?

P26, line 28: 'comparison' what does this mean? p value? for what test comparing what?

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An article whose findings are important to those with closely related research interests
Quality of written English
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