Thank you for the opportunity to review this manuscript. This study describes an ambitious feasibility study to recruit patients with fatigue from GP and explore the feasibility and acceptability of offering usual care versus an early intervention. The study has several strengths including recruitment of 14 GP practices and cross-checking against medical record consultation codes etc. However, there are several aspects of the manuscript which need additional work and revision. In particular, the recruitment and randomisation approach is not well described, it needs to be much more clearly and sequentially set out. In addition, the rationale and justification for the study needs to be strengthened, including the link between fatigue, chronic fatigue and CFS.

Please find below my specific comments and suggestions:

Abstract
Remove additional '.' Line 38
Should add detail about the participants- those with fatigue etc. Could also add something about the main outcome measures to the methods- eg % consent rate, GP and patient qualitative interviews about recruitment issues and acceptability of the intervention etc

Conclusion: Should fatigue be CFS?

Introduction
I was surprised at the high prevalence of chronic fatigue (10-24%)- what is the reference for this figure? This should be added. Also the study exploring progression from glandular fever to CFS is not referenced.
It's a little unclear whether the intervention is for 'disabling fatigue', for 'short or long term fatigue', or for CFS. In the introduction both CFS and disabling fatigue are mentioned, in the methods 'short or long term fatigue' is. The title implies it's about CFS, but really the study focuses on patients reporting short or long term fatigue. Presumably the full scale trial would look at whether patients with fatigue go on to develop CFS? This needs to be clarified throughout the paper. I think a better justification for intervening with fatigue is needed, including what proportion of patients with fatigue will go on to develop CFS.
Was one of the study aims also to look at acceptability of recruitment/intervention to GPs?
It's not clear what is meant by 'the distribution of patient reported outcome measures'.
Methods
Population: Deprivation scores- this is not clearly expressed. Do the authors mean that the patient sample aimed to be representative based on deprivation scores of the population of Bristol?

Add 'patients' after 'each had a list of 10,000'.
The calculation of 100 patients in 12 months is confusing. Wouldn't you need to also specify how many patients of the 10,000 visit the GP at least annually? See above the comments about 'short or long term fatigue' vs CFS. Add the reference for the 35% of patients reporting short or long term fatigue, and how is this consistent with 10% of GP consultations recording a complaint of fatigue?

The sentence 'usual medical management in primary care 70-75% patients report that their fatigue persists at a year' is unclear. Does this mean that of the 35% of patients reporting a primary complaint of fatigue, 70-75% of these will still report consistent fatigue one year later? Line 109: remove 'least' from 'reported fatigue for at least than a month but less than 4 months…'
As noted above, this section needs more detail about the timing of recruitment. Eg a patient might see their GP for fatigue, but presumably the GP wouldn't have the blood test results available at this appointment- so did GPs recruit patients when they came back for their blood test results etc?

Patient recruitment:
Need comma after (patient information sheet); RCT should be spelt out for first time use; Remove additional '.' after consent forms.
Remove reference to randomisation in the patient section- since you have a section on this below.

Add comma after (TATT)
Perhaps another subheading should be added in methods regarding extraction of consultation codes. It is not clear what the purpose of the patient consultation code extraction was? Was this to check how many of the potentially eligible patients were recruited? Or missed etc? Also, why is this reported under both patients and GP sections. Was this the same first 100 records, or was this done twice? You could add that this was to establish the prevalence of patients reporting fatigue or something like that, and to explore why patients were excluded.

Randomisation- when did randomisation take place? What does 'allocation was minimised by gender and age' mean? It is not clear how patients were randomised- do you mean patients received an automated telephone call to be told their allocation? Was this after the home visit? It's not clear how allocation could be concealed when the intervention involved face to face treatment and phone calls- or was the therapist independent of the researchers i.e. the researchers conducting follow up did not know which patients were randomised to the intervention? You should also add that patients could change their randomisation if they wished- is that correct?

Results:
Numbers under ten should be spelled out. There are missing fullstes and incorrectly places commas through the results section-please revise.
Under methods you say that eligible patients were asked to consent to contact from the research team and a recruiter visited patients to provide and explain the PIS, but under results you say that patients did not respond "or were not given a PIS by the GP". This is unclear.

As above, the process of randomisation and whether patients could change/reject their allocation needs to be clarified. The results state that "all 28 participants accepted the allocation at the randomisation appointment", whereas the methods talk about: "whether or not the study participant accepted randomisation". This is unclear and confusing. What was the randomisation appointment? And why is this section labelled 'Lack of compliance with the treatment arm' when it talks about all patients accepting randomisation and describes the characteristics of the 2 groups (rather than anything about compliance with treatment)?

Under the patient note review, how can there be 100 records on EMIS sampled retrospectively, and 199 patients reported symptoms that matched the criteria?

I'm not sure whether the results reported under 'Recruitment consultations' are necessary- you could just state that the recruiter was trained and provided with feedback. 'Semi-structured, in-depth interviews were undertaken with patients and with the GPs'. This should be moved to the methods section.

Not sure that the quotes work well here- it might be better to group results under key themes raised?

Conclusions
I was surprised that GPs did not mention time constraints as a barrier to recruitment of patients? What are the implications of the findings of the feasibility study in terms of future research and the full scale trial? Will the authors still proceed with the larger trial? What will they modify in terms of recruitment approach and the intervention?

Level of interest
Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited
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