

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmjjournals.org/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Evaluation of the feasibility and acceptability of the 'Care for stroke' intervention in India: A Smartphone-enabled, Carer-supported, Educational intervention for management of disability following stroke.
AUTHORS	K, Sureshkumar; Gudlavalleti, Murthy; Natarajan, Subbulakshmy; C, Naveen; Goenka, Shifalika; Kuper, Hannah

VERSION 1 - REVIEW

REVIEWER	Dr Ashish Stephen Macaden Raigmore Hospital, Inverness IV2 3UJ, Scotland and Centre for Rural Health, University of Aberdeen, Inverness, Scotland. I know the first author, SK, who is a co-author on a Cochrane review and a former work colleague.
REVIEW RETURNED	26-Jul-2015

GENERAL COMMENTS	This impressive intervention has the potential to improve the autonomy of patients with stroke and their carers on a global scale. The research seems well planned and implemented but the presentation needs revision, especially in the results section. Quantitative data need to be presented appropriately (numbers rather than "some" "few" "many", and reference to data in tables). With the small number of subjects in the study, presenting percentage with numbers may be preferable to only percentages. Mention of the method of analysis of qualitative data is missing. The qualitative analysis of reasons for the few numbers of patients and carers reporting lesser confidence/usefulness and occasional practice needs to be presented. It is not clear how the clinical outcomes (BI/mRS) fulfill the objectives, nor whether statistical analysis is appropriate or defendable (as pointed out in your discussion). The availability of mobile/broadband bandwidth is mentioned but data on how this impacted the use of the intervention is not presented. A more appropriate term for "Stroke survivor" and the inclusion of "smartphone" in keywords list could be considered. The intervention is not mentioned at the beginning of the abstract. Minor typos like spacing in the text, reference formatting and the numbering of objectives on P.6 need to be corrected.
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REVIEWER	Heidi Janssen University of Newcastle , Australia
REVIEW RETURNED	27-Jul-2015

GENERAL COMMENTS	The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.
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REVIEWER	Rakesh Kumar Sinha Birla Institute of Technology Mesra, Ranchi India
REVIEW RETURNED	08-Aug-2015

GENERAL COMMENTS	<p>Manuscript is verbose and vague. It can be compressed before resubmitting to bmjopen or any other journal.</p> <ol style="list-style-type: none"> 1. The authors tried to evaluate the application of smart phone for the care of stroke patient. The study was started with 60 selected subjects. However, the physical and cognitive conditions were diverse. 2. The idea of application of smart phone for stroke patients is good but it is unclear to me that how it is applied in the present study. The methodology and results are vague and hence the article will fail to propagate the message, which the authors are intended to communicate 3. I suggest to compress the manuscript and resubmit it as a 'short communication'.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

a. Quantitative data needs to presented in numbers rather than words like (some, few and many)

Response: Exact numbers are provided

Changes in the Manuscript: The entire manuscript, especially the results section was revised accordingly.

b. Presenting percentage with numbers may be preferable.

Response: Agreed

Changes in the Manuscript: The manuscript was revised accordingly.

c. Mention of the method of qualitative analysis is missing

Response: Responses to the interview questions were transcribed verbatim and translated into English. Transcribed data were then analysed using the Framework approach.

Changes in the Manuscript: This information was added to the manuscript.

d. Relevance of clinical outcomes and the statistical analysis

Response: The objective of using the clinical outcome measures was to look at its feasibility in future trials of the intervention

Changes in the Manuscript: Details about the objective of using clinical outcome measures and its relevance was added to the discussion section of the manuscript.

e. Broad band connection and its impact – not presented.

Response: Agreed

Changes in the Manuscript: This information was added to the manuscript.

f. Use of the word stroke survivors

Response: We feel that the word stroke survivor is much more appropriate to explain the disabling effects and the difficulties experienced by those individuals, especially after surviving a stroke. It is also a commonly used word to describe the participants in stroke related research.

Changes in the Manuscript: We have not changed the word stroke survivor in the manuscript for the reason provided.

g. Include Smartphone in Key word.

Response: We have used mhealth as a keyword. But we have additionally included the word 'smartphone' in the keywords list as advised.

Changes in the Manuscript: 'Smartphone' added to keywords list.

h. Intervention was not mentioned in the abstract.

Response: Agreed

Changes in the Manuscript: This information was added to the abstract section of the manuscript.

i. Minor typos, numbering issues

Response: We identified and addressed this issue.

Changes in the Manuscript: The entire manuscript was copy edited, proof read and revised accordingly.

Reviewer - 2

a. Table has to be formatted

Response: Agreed

Changes in the Manuscript: All the tables were formatted and added to the manuscript.

b. Any difference between the field-testing and pilot-testing

Response: Yes field-testing and pilot-testing are different

Changes in the Manuscript: These details were added to the background section in the manuscript.

c. Rationale for the field-testing and pilot-testing

Response: The purpose of field-testing and pilot-testing are different

Changes in the Manuscript: Rationale for field-testing and piloting was added to the background section in the manuscript.

d. Why no control group

Response: This study is a part of a PhD research study and only one hospital provided permission to recruit participants. Given the limited time and funding as well as only one recruitment site, we were unable to include a control group.

Changes in the Manuscript: These reasons were added to the participants' selection and recruitment section in the manuscript.

e. How were people contacted to participate

Response: Participants were identified through hospital records and they were contacted using their contact details available in the records.

Changes in the Manuscript: These details were added to the participants' selection and recruitment section in the manuscript.

f. Was ethics approval required to contact people

Response: Yes

Changes in the Manuscript: Details were added to the ethics approval section in the manuscript.

g. Describe the components of the inclusion criteria

Response: Agreed.

Changes in the Manuscript: These details were added to the Inclusion / Exclusion criteria section in the manuscript.

Reviewer - 3

a. Manuscript Verbose and vague

Response: We used a mixed methods research design and hence it was inevitable to explain the qualitative findings in much more detail. We have also tried to be as specific as possible. We have revised certain long sentences into short ones.

Changes in the Manuscript: The entire manuscript was proof read, copy edited and revised.

b. Manuscript could be Compressed

Response: We tried our level best to compress the manuscript as far as we can.

Changes in the Manuscript: We revised the entire manuscript but we were unable to compress the manuscript.

VERSION 2 – REVIEW

REVIEWER	Heidi Janssen University of Newcastle
REVIEW RETURNED	29-Sep-2015

GENERAL COMMENTS	The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.
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REVIEWER	Rakesh Kumar Sinha Birla INstitute of Technology Mesra Ranchi India
REVIEW RETURNED	28-Sep-2015

GENERAL COMMENTS	The upgraded manuscript can be accepted for publication.
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VERSION 2 – AUTHOR RESPONSE

Responses to the reviewer's comments		
Comments	Responses	Changes in the Manuscript
What is mhealth? Needs to be defined first	Agreed	We have defined mhealth in the background section as advised. (highlighted in yellow)
Does this word need to be here-? prior?	Rephrased the sentence in the manuscript	The word prior is removed from the sentence.
Is there evidence for this statement- seems highly likely, but any data or reference to cite?	Yes, there is evidence	Reference for this statement is included (Highlighted in Yellow)
typo, close bracket of sentence	Agreed	Bracket of the sentence is closed (Highlighted in Yellow)
Still think if space permits, a brief overview important, or even use of appendix or supplement section for the reader to access quickly?	Agreed	We will include the details about the intervention in the supplementary section If permitted
Possible to include copy of	Agreed	We will include the study

these questions?		questionnaire
Who are we? Blinded assessor or the chief investigator?	It was me	Information about the assessor is provided
Sliding interface – what does this mean?	Agreed	This sentence is rephrased for better understanding
What does this look like compared to the initial version?	Information included	Information regarding the revision of the intervention is provided
What's in the videos though?	Agreed	Information related to the content of the videos provided.
Is this a word? likeableness? maybe acceptability?	Agreed	The word is change to acceptable
This sentence is not great- unable to accept? How do you know this of 'most stroke survivors'?	Agreed	Sentence removed.
Typo error	Agreed	The primary objective of this study was to assess the feasibility and acceptability of the intervention and hence we did not want to highlight the findings from the assessment of clinical outcomes.
Exactly- without control group, cannot attribute any change in function etc to chance alone or natural rate of recovery.	Agreed	Additional details about the outcome measurement is provided
Why split the groups by gender?	Agreed	The tables are revised.
Order of this rating scale is unconventional - very should be after extremely?	Agreed	Changes done
Not 'effect', change in score only	Agreed	That paragraph was revised.