PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	What is the test-retest reliability of the Malay version of the Hypertension Self Care Profile Self Efficacy Assessment tool? A validation study in primary care
AUTHORS	Seow, Kai Cong; Mohamed Yusoff, Diana; Koh, Yi Ling Eileen; Tan, Ngiap Chuan

VERSION 1 - REVIEW

REVIEWER	Eva Drevenhorn Department of Health Sciences, Faculty of Medicine, Lund University, Sweden
REVIEW RETURNED	15-Feb-2017

GENERAL COMMENTS	The topic of the paper is of interest and is important to find new strategies for strengthen people's self-efficacy to make them able to perform proper self-care to achieve blood pressure control. The paper is well written. However, the content of the self-care measures is not adequate. More detailed responses follow: Introduction Line 10. You do not include alcohol when talking about lifestyle factors. Of what reason? Line 30. You want to ease the assessment of the patients' self-efficacy by using an instrument. Why not simply ask them using a Likert scale from 1-10 as used in Motivational Interviewing (Rollnick, Miller & Butler: Motivational interviewing in health care – helping people to change behaviour)? This has to be justified. Results Line 49. You state that the self-care measures listed in table 2 are relevant to hypertension management. This raised a lot of questions. Did all the patients have their own cuff at home to measure their BP? If they had one what stipulates that they should keep a record? Is it a common expectation that you keep a food diary when you have hypertension? Most people do way themselves sometimes but do have to keep a record? Did all patients own a smartphone to download apps? Why should the doctor reduce the medication if the patient had a stable BP? It is apparent why food and weight are addressed but not physical activity, stress management and alcohol consumption. Discussion Page 7 line 8. Regarding the illiterate Malay patients, once again, do use the Likert scale orally and you will have your answer.

REVIEWER	Lyne Cloutier Université du Québec à Trois-Rivières, Québec, Canada
REVIEW RETURNED	21-Feb-2017

GENERAL COMMENTS	Abstract L10 of the subjects and not by of the subjects L19 reformulate administration and completion of the web-based tool sentence. L 37 translated instead of modified (unless it was also adapted?) Introduction (page 1) Clearer description of key concepts (motivation, self efficacy,behavior AND appropriate literature should be presented) L19 to L22 the results from this study should be included in this paper L24 define "local" L31 to L37 the importance of validation of the instrument is clearly supported in this section however, validation is not the topic. Stability and reliability are so they should be stated clearly and the issue of validity should not be put forwar unless discussed further in the paper L50 to L52 Results (numbers) should be presented L56 to L58 Results of the validity procedure should be stated page 5 L21 to L25 define floor and ceiling effects. change it is higher to when scores are higher than L44 define secondary education (number of shcolling years) L47 change hyperlipidemia for dyslipidemia authors point out that there is a statistical difference between the ones that do and don't perform self-measurement. please comment of the 5% difference. How is this relevant? even if it was statistically significant? page 6 L6 to L12 define floor and ceiling effet (if not done previously)

REVIEWER	Suraya Abdul Razak Faculty of Medicine, Primary Care Medicine Discipline, University Technology of MARA Malaysia
REVIEW RETURNED	14-Mar-2017

GENERAL COMMENTS	This is a relevant study in order to assess self efficacy among Malay patients in hypertension care. A nicely written manuscript. However, in general I have concern with intent of the study in which to assess only the test-retest reliability of the Malay version of HTN - SCP questionnaire with no prior explanation if a complete psychometric assessment of the Malay version has been done. This is because simple translation is not sufficient when there are language and cultural differences exist. When evaluating cross cultural validity, all items for validation study is best to be performed including unidemensional test via factor analysis, or even better with confirmatory factor analysis to confirm factor structure, before suggesting the translated version is ready for use. You can refer to COSMIN checklist. My comments in detail are as below and aggregated by sections:

	Introduction: 1. The introduction is fine but not convincing in terms of why the self-care questionnaire need to be validated in Malay language? What is the current prevalence of hypertension among Malay/elderly Malay in Singapore? What is the current English literacy rate among Malays in Singapore? 2. In addition, a brief description of the original HTN-HSP validation, how the current tool is better in assessing self-efficacy in hypertensives, how the scoring work and presumably a self-administered tool, and if they have been any attempt of validating the questionnaire in different population has been done is an important information that are missing in the introduction. Methods: 3. If the aim of the study was to have a validated Malay version of HTN-SCP, why the inclusion criteria was narrowed to 40-70 years of age? (pg 4, line 15-16) 4. There were enough description of forward and backward translations conducted by two independent translators but who were the expert communities? Were they of multidisciplinary background e.g experts in management of hypertension, experts in the construct, and the language itself? How the differences in the translation was resolved? (pg 3, line 58). 5. How many were involved in the pre-test and who were they (age, gender, normal or diseased?) 6. Do you need to confirm ethnicity for recruitment? I think it's not necessary to mention it there as being able to read and write in Malay is sufficient - (pg. 4, line 36) 7. When was the study conducted and how long the validation was conducted for? 8. Construct validity analysis is missing, in which is an important step in cross-cultural adaptation study Results 9. Important findings on the translation and adaptation process is missing. If there are any differential in concepts identified during the process and how were they resolved is important. Were the original developer involved in the study - presumably not, which is fine too if the expert committee consisted of someone expert with the construct. 10. The results lacks description on missing items, if any and how missing items were handled ? ie. excluded from the analysis ? 11. In order to get an interpretable meaning of internal consistency statistics, we need to know whether the scales are uni dimensional or not ? i.e via factor analysis 12. were the test and retest were independent? i.e did they have access to the questionnaire prior the retest which could have an influence ?

	Discussion 13. I think this study lacks internal and external validity assessment in order to conclude for a cross-culturally validated. t should be suggested in future studies. 14. Paragraph on page 7 line 7-12 is irrelevant to discuss in the paper, since are Malays in Singapore really do illiterate that printed form is a challenge form of assessing their health care?

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Eva Drevenhorn
Institution and Country: Department of Health Sciences, Faculty of Medicine, Lund University, Sweden
The topic of the paper is of interest and is important to find new strategies for strengthen people's self-efficacy to make them able to perform proper self-care to achieve blood pressure control. The paper is well written. However, the content of the self-care measures is not adequate. More detailed responses follow:
Introduction
1. Line 10. You do not include alcohol when talking about lifestyle factors. Of what reason?
The authors agreed that alcohol should be included; we have added it as a general lifestyle measure in the introduction. The consumption of alcohol is included in Question 12 in HTN SCP but we analyzed the results in each domain instead of each item in the questionnaire. However the Malays are Muslims in Singapore. They are forbidden by their religion to consume any alcohol, hence we did not ask for such history in the questionnaire.
2. Line 30. You want to ease the assessment of the patients' self-efficacy by using an instrument. Why not simply ask them using a Likert scale from 1-10 as used in Motivational Interviewing (Rollnick, Miller & Butler: Motivational interviewing in health care – helping people to change behaviour)? This has to be justified.
The authors agree that there can be more than one way of assessing self-efficacy. We have selected the HTN-SCP instrument after conducting a review of current instruments which assess self-efficacy in patients with hypertension. The review has been published in:
Lua AYH, Hong L, Bong SHS, Yeo JLS, Tsang MLP, Ong KZ, Wong SSW, Tan NC. A narrative review of the evaluation and selection of instruments which assess self-efficacy amongst patients with essential hypertension. Proceedings of Singapore Healthcare. 2016 June. 25(2);98-104
http://journals.sagepub.com/doi/abs/10.1177/2010105815621327
We recognize the strength of assessing self-efficacy using Likert scale based on Motivational Interview technique. However, we have to consider the limited time resources in our institution in view of the intention to apply it to large number of patients in our 9 polyclinics. We managed almost 1.8 million patient visits in 2016. Our patient database shows over 173,000 patients with hypertension. Our plan is to use an electronic validated standardized instrument to assess self-efficacy among these patients before their consultation at the polyclinic via telehealth. For those who are found to have low capacity for self-efficacy, the intent is to use Motivational Interview to enhance their self-efficacy during the face-to-face consultation with the physicians or trained nurses. At this stage we are testing the instrument in different languages to cater to our multi-ethnic Asian population. A similar study on the Mandarin version of HTN SCP has also been completed.
Results
3. Line 49. You state that the self-care measures listed in table 2 are relevant to hypertension management. This raised a lot of questions. Did all the patients have their own cuff at home to measure their BP? If they had one what stipulates that they should keep a record? Is it a common expectation that you keep a food diary when you have hypertension? Most people do way themselves

sometimes but do have to keep a record? Did all patients own a smartphone to download apps? Why should the doctor reduce the medication if the patient had a stable BP? It is apparent why food and weight are addressed but not physical activity, stress management and alcohol consumption.

Our multidisciplinary primary healthcare professionals routinely counsel patients with hypertension on lifestyle changes such as dietary restriction of salt and fat, increase in physical activities and to take on self-care measures such as weight and home blood pressure monitoring. We recognize that these self-care measures are reflections of their self-efficacy. These are largely incorporated into the HTN-SCP questionnaire. Nevertheless, there are additional activities or measures, which we have observed in some of our patients but are not included in HTN-SCP. These are listed in Table 2. Beyond taking on these activities or measures, we encourage them to record them down their home blood pressure measurements or food diary, so that they can show them to their respective primary care or family physician or nurse counselors at the polyclinics. These are valuable patient personal data for our healthcare teams to assess their self-efficacy in terms of their degree of motivation and involvement in self-management, and to seek opportunities to increase their self-efficacy capacity. For those without such records, our healthcare team will appraise based on their verbal self-reporting on these activities. We recognize that self-efficacy cannot be determined by a fix point but covers a range and we postulate that an individual who is capable, confident and doing more of these self-care measures reflects his/her capacity for self-efficacy.

We note that not all patients have their own BP monitoring devices at home, hence those who did not have, would have answered “No” to the respective questions. We postulate that there is strong association between these self-care measures and self-efficacy, which is being assessed in an adequately powered new study currently in progress.

One of our inclusion criteria for the recruitment of the patients was that they had to be internet savvy so they could access the web-based retest either through smartphone or internet. Google reported that Singapore has the highest smartphone penetration in the world at 85% in 2014. (http://www.mumbrella.asia/2014/10/google-study-singapore-worlds-top-smartphone-market-per-capita/) Health-related applications are widespread, including those which facilitate the documentation and tracking of home BP measurements. We postulate that those who use mobile apps to monitor their health are again suggestive of higher capacity for self-efficacy.

One of the indicators for self-efficacy is adherence to medications. We note that a patient with sub-optimally controlled BP is often related to poor adherence to their BP lowering medications, leading to higher tendency of the physician to increase their doses in the local setting. However a patient who has reduced weight due to increased physical activity and better dietary restriction of salt and fat, and who has improved adherence to medications will achieve better BP control. Accomplishing these activities, which suggest attaining higher self-efficacy, present opportunities for the physician to review and adjust their doses of medication. This is to reduce the potential adverse effects of postural hypotension from excessive doses of BP lowering medications, especially among the elderly patients. We have published a paper relating to the observation of postural hypotension in our population. We felt that patient’s involvement in self-care measures must be matched by appropriate level of medical care and appropriate medication dosing.

Zhu QO, Tan GCS, Tan HL, Wong GR, Joshi CS, Cuttilan RA, Sng KJ, Tan NC. Orthostatic hypotension: prevalence and associated risk factors among the ambulatory elderly in an Asian population. Singapore Med J. 2016.57(8):444-451. doi: 10.11622/smedj.2016135.

We have added in the alcohol consumption as a general lifestyle measure in the introduction. Compared to certain Caucasian population, alcoholism is less prevalent in Singapore based on the 2010 population census. The Malays in Singapore are forbidden by their main religion, Islam, to consume alcohol. Questions relating to “alcohol consumption”, “physician activity” and “stress management” are incorporated in each of the three domains within the HTN SCP questionnaire, so we did not analyze it separately.

Discussion

4. Page 7 line 8. Regarding the illiterate Malay patients, once again, do use the Likert scale orally and you will have your answer.

We thank the reviewer for the recommendation. We have indicated that these illiterate patients can understand conversational Malay and assessing them orally is indeed one feasible option.

Reviewer 2: Lyne Cloutier
Institution and Country: Université du Québec à Trois-Rivières, Québec, Canada
Abstract
1. L10 of the subjects and not by of the subjects
We would like to thank the author for correcting the grammar mistake. We have amended the error in the manuscript.
2. L19 reformulate administration and completion of the web-based tool sentence.
We have amended the sentence to “Forty-three percent of them completed both the first and second HTN SCP tool online, with a period of two weeks in between.”
3. L 37 translated instead of modified (unless it was also adapted?)
We thank the reviewer for pointing the error and have corrected it in the manuscript.
Introduction (page 1)
4. Clearer description of key concepts (motivation, self efficacy,behavior AND appropriate literature should be presented)
We thank the reviewer for the suggestion and have further elaborated on the key concepts which underpin the construct of the original HTN-SCP questionnaire.
5. L19 to L22 the results from this study should be included in this paper

We have included the results in the method segment.

6. L24 define "local"
We define “local” as the multi-ethnic Asian population in Singapore. It was a link to this description in the last sentence of the preceding paragraph. To avoid duplication, we have revised these two statements to avoid confusion and repetition.
7. L31 to L37 the importance of validation of the instrument is clearly supported in this section however, validation is not the topic. Stability and reliability are so they should be stated clearly and the issue of validity should not be put forwar unless discussed further in the paper
The authors have amended this part to reflect the stability and reliability of the instrument.
8. L50 to L52 Results (numbers) should be presented
The results of the previous study have been added to the respective segment of the manuscript.
9. L56 to L58 Results of the validity procedure should be stated
We have deliberately focused on the background and rationale for conducting the study in the “Introduction” segment of the manuscript. We felt that the validity procedure should be more appropriately described in the method segment, which we hope the reviewer will agree.
10. page 5, L21 to L25 define floor and ceiling effects. change it is higher to when scores are higher than
The authors have added in the definitions suggested by the reviewer in the respective paragraph.
11. L44 define secondary education (number of schooling years)
Secondary education in Singapore is equivalent to high school standard in Canada. A student who completes secondary education will have a minimal of 10 years of schooling.
12. L47 change hyperlipidemia for dyslipidemia
The authors have amended the term accordingly.
13. authors point out that there is a statistical difference between the ones that do and don't perform self-measurement. please comment of the 5% difference. How is this relevant? even if it was statistically significant?
Our intention was to compare the HTN SCP scores of patients who performed each of the stipulated self-management measures with those who did not. There appears to be a trend but the correlation could be due to chance, which exceeds 5%. Our hypothesis is that the higher HTN SCP scores implies the higher likelihood of the patient performing self-care activities. This is a preliminary attempt

to correlate self-efficacy, based on the HTN SCP scores, and self-care activities. However, the study was not powered to determine the association between the HTN SCP scores and each of the self-care activities. We would like to share that a study is in progress at the institution to determine the association between the HTN SCP scores and self-care activities. The new study is adequately powered to assess the relationship based on the effect size from this earlier study.
14. page 6, L6 to L12 define floor and ceiling effect (if not done previously)
The authors have added in the definitions at the respective paragraph.

Reviewer 3: Suraya Abdul Razak
Institution and Country: Faculty of Medicine, Primary Care Medicine Discipline, University Technology of MARA, Malaysia
This is a relevant study in order to assess self efficacy among Malay patients in hypertension care. A nicely written manuscript.
1. However, in general I have concern with intent of the study in which to assess only the test-retest reliability of the Malay version of HTN -SCP questionnaire with no prior explanation if a complete psychometric assessment of the Malay version has been done. This is because simple translation is not sufficient when there are languages and cultural differences exist. When evaluating cross cultural validity, all items for validation study is best to be performed including unidemensional test via factor analysis, or even better with confirmatory factor analysis to confirm factor structure, before suggesting the translated version is ready for use. You can refer to COSMIN checklist.
We would like to thank the reviewer for raising this important question. Indeed this paper focuses on the test-retest reliability of the HTN SCP questionnaire. What the reviewer has raised pertains to construct validity assessment in view of her concern on the language and cultural differences. We apologize for not elaborating earlier research endeavors by the authors and investigators from Malaysia. Like Malaysia, Singapore has a multi-ethnic Asian population, in which majority of the citizens and permanent residents are bilingual in English and their mother tongue. They include Malay patients with hypertension who are proficient in English and Malay. We have carried out the test-retest reliability assessment of the English version of the HTN SCP questionnaire, which was published in the journal “Medicine”. The subjects included Malay patients who were English-literate. In this study, we had added in information to contextualize it to the local Asian population to ensure that the subjects could recognize and relate to their socio-cultural background. For example, the question to assess the willingness to reduce 5 g of fat in the diet, we have added in its equivalence to a plate of “mee rebus” (these details are included in the “method” section of the manuscript).
The results of the Singapore version of HTN SCP questionnaire in English have shown strong test-retest reliability. It was reported by A/P Han HR, the developer of the questionnaire that the questions were written at the 6th grade reading level, which was one reason for the selection of the questionnaire. The lead author had earlier published a review of strength and limitations of the existing instruments which assess self-efficacy in patients with hypertension and HTNSCP was found to be one of the better instruments for such appraisal.
Lua AYH, Hong L, Bong SHS, Yeo JLS, Tsang MLP, Ong KZ, Wong SSW, Tan NC. A narrative review of the evaluation and selection of instruments which assess self-efficacy amongst patients with essential hypertension. Proceedings of Singapore Healthcare. 2016 June. 25(2);98-104
http://journals.sagepub.com/doi/abs/10.1177/2010105815621327
We would like to share that the HTN SCP was also selected for validity assessment of the Malay version of the questionnaire developed by investigators from International Medical University (IMU) in Malaysia led by Prof Teng CL, but the study was not published.
We have also consulted experts in the field of instrument validation and understand that even with psychometric evaluation there will still be limitations as there will not be a perfect instrument which can be developed to cater to a heterogeneous target population. We believe we have adequately contextualized the Malay version of the HTN SCP questionnaire which is relevant to the socio-cultural background of this ethnic group in Singapore.
Introduction:

2. The introduction is fine but not convincing in terms of why the self-care questionnaire need to be validated in Malay language? What is the current prevalence of hypertension among Malay/elderly Malay in Singapore? What is the current English literacy rate among Malays in Singapore?
According to the Singapore Population Census 2010, 37% of the local Malay population received up to below secondary education. The original English version was pitched at grade 6 level, so we are not certain if over a third of the overall Malay population could understand the English based HTN SCP questionnaire. However hypertension is of higher prevalence among the more senior population. Based on the same census, only 5.5% of Malays of age 55 years and older and 4.4% of Malays with below secondary education are proficient and use English at home. This additional information has been inserted into the introduction.
3. In addition, a brief description of the original HTN-HSP validation, how the current tool is better in assessing self-efficacy in hypertensives, how the scoring work and presumably a self-administered tool, and if they have been any attempt of validating the questionnaire in different population has been done is an important information that are missing in the introduction.
We have expanded the description of the earlier validation study but we are mindful of the limitation of the number of words allowed for the manuscript. In fact the details are available in the publication in the journal “Medicine”, which allows open access to the full text article in this webpage:
Methods:
4. If the aim of the study was to have a validated Malay version of HTN-SCP, why the inclusion criteria was narrowed to 40-70 years of age? (pg 4, line 15-16)
The age band of 40 to 70 years was selected for two main reasons:
i. The study used a web approach in implementing the test and retest segments of the validation study. It will require the subject to be able to use smartphone or laptop or computer to carry out the retest. We postulated that those below the age of 70 years were more internet savvy to complete the study.
ii. The development of essential hypertension commonly begins when an individual reaches the age of 40 years. This is the target group of subjects in which optimal control of their blood pressure will reduce their risks of vascular complications in the long run. Self-efficacy is an attribute for maintenance of blood pressure control and its evaluation using suitable instrument will be pivotal to introduce timely interventions.
5. There were enough description of forward and backward translations conducted by two independent translators but who were the expert communities? Were they of multidisciplinary background e.g experts in management of hypertension, experts in the construct, and the language itself? How the differences in the translation was resolved? (pg 3, line 58).
As reflected in the method, the forward-backward translations of the Singapore version of the HTN SCP from English to Malay and vice-versa were performed by qualified professional linguists. Their certification is attached for the reviewer’s verification. The translated version was further reviewed by our multi-disciplinary primary healthcare team and minor amendment was carried out before finalizing the questionnaire for the validation study. One such amendment was to revise the translated Malay word for “fat” from “miyak babi” (by the linguists) to “miyak” as suggested by our Malay nurses to mitigate the sensitivity of the word “babi”. We would like to reassure the reviewer that the investigators had devoted extensive efforts in the stringent assessment of the construct and validation of the language translation of the questionnaire.
6. How many were involved in the pre-test and who were they (age, gender, normal or diseased?)
We assume that the reviewer refers “pre-test’ as the pilot test. There were 10 subjects involved in the pilot or pre-test, aged 21 to 50 years, mostly females with no chronic diseases. These subjects were not included in the data analysis.
7. Do you need to confirm ethnicity for recruitment? I think it's not necessary to mention it there as being able to read and write in Malay is sufficient - (pg. 4, line 36)
The investigators confirmed the ethnicity as part of their screening for eligibility for recruitment. A proportion of another minority group of Indian ethnicity comprises Muslims and can be Malay literate. The inclusion criteria covered those who can read and speak in Malay language.

8. When was the study conducted and how long the validation was conducted for?
The recruitment of the study subjects was carried out from May to Nov 2016 and the last subject completed the retest in Dec 2016.
9. Construct validity analysis is missing, in which is an important step in cross-cultural adaptation study
The reviewer can easily refer to the questions within the HTN SCP, which assess the behavior, motivation and self-efficacy of the subjects over three domains. The frequency, confidence and willingness to carry out self-care measures such as dietary control and exercises are generic and cuts across cultures. We have indicated that the test-retest reliability was conducted on the Singapore version of the HTN SCP in Malay language.
Results
10. Important findings on the translation and adaptation process is missing. If there are any differential in concepts identified during the process and how were they resolved is important. Were the original developer involved in the study - presumably not, which is fine too if the expert committee consisted of someone expert with the construct.
The lead investigator has communicated with the original developer of HTN SCP, A/Prof Han from John Hopkins Hospital, who not only granted permission to use the HTN SCP but also encourages the translation of the questionnaire to different language as essential hypertension affects populations in every continent. As indicated earlier, we have evaluated the strength and limitations of other instruments involved in assessing self-efficacy but HTN SCP turns up to be a favorable scale.
Lua AYH, Hong L, Bong SHS, Yeo JLS, Tsang MLP, Ong KZ, Wong SSW, Tan NC. A narrative review of the evaluation and selection of instruments which assess self-efficacy amongst patients with essential hypertension. Proceedings of Singapore Healthcare. 2016 June. 25(2);98-104
http://journals.sagepub.com/doi/abs/10.1177/2010105815621327
A good feature of the instrument is that it was originally written at grade 6 level. Based on the Singapore population census in 2010, 79.9% of the local population are English literate, so we believe that the majority of patients with hypertension should be able to comprehend the questions. What this study is to take a further step to look at the reliability of the instrument after it has been translated into Malay. Again as reported earlier, we have added local equivalence of items in selected questions as an adaptation of the instrument to fit the socio-cultural context of the local Malay population.
11. The results lacks description on missing items, if any and how missing items were handled ? ie. excluded from the analysis ?
We would like to share that the web-based study was designed that the subject would not be able to proceed if a question was left unanswered. Hence there was no missing items or data. We have included a description in the “Administration of the instrument” within the method section.
12. In order to get an interpretable meaning of internal consistency statistics, we need to know whether the scales are uni dimensional or not ? i.e via factor analysis
We were concerned that factor analysis may not be accurate due to the small sample size in our study. We would like to share that we are currently conducting a larger scale study using the HTN SCP questionnaire, which will be adequately powered to conduct the factor analysis.
13. were the test and retest were independent? i.e did they have access to the questionnaire prior the retest which could have an influence ?
The test and retest were done on the same subject, so as to measure the reliability of the tool over time, hence they are not independent. We do not see an issue with them having access to the questionnaire before the retest as the questions are exactly the same as the first test they did. We have excluded those who did the test before and after the 2 to 3 weeks interval of the two tests.
Discussion
14. I think this study lacks internal and external validity assessment in order to conclude for a cross-culturally validated. t should be suggested in future studies.
We would like to thank the reviewer for the suggestion. Our focus in this paper is largely on the test-retest reliability assessment of the Singapore version of the HTN SCP in Malay language.
15. Paragraph on page 7 line 7-12 is irrelevant to discuss in the paper, since are Malays in Singapore

really do illiterate that printed form is a challenge form of assessing their health care?
We would like to present a different perspective from the reviewer. In fact, it would have been easier to perform the test-retest reliability assessment on printed form. However it will result in a second visit of the subject to the study site to carry out the subsequent retest. We had decided to use a web method in administering the retest remotely to ease the inconvenience and reduce the expense relating to a second visit to the study site. What we are trying to describe is that even with a validated instrument, assessing the self-efficacy of illiterate patients remain a challenge. To avoid confusion, we have decided to remove the paragraph.

VERSION 2 – REVIEW

REVIEWER	Suraya Abdul Razak Primary Care Medicine Discipline Faculty of Medicine University Technology of MARA Malaysia
REVIEW RETURNED	21-Apr-2017

GENERAL COMMENTS	Thank you for the clarifications and justifications for its importance in introduction. Method, result and discussion sections are now clearer.

VERSION 2 – AUTHOR RESPONSE

Reviewer Name: Suraya Abdul Razak
Institution and Country: Primary Care Medicine Discipline, Faculty of Medicine, University Technology of MARA, Malaysia Please state any competing interests: None declared

Please leave your comments for the authors below

Thank you for the clarifications and justifications for its importance in introduction. Method, result and discussion sections are now clearer.

We would like to once again thank the reviewers for reviewing our manuscript and providing their comments.