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**Letter to the Editor re:**

Ahmadi, A., Tohidast, S. A., Mansuri, B., Kamali, M., & Krishnan, G.  
Acceptability, reliability, and validity of the Stroke and Aphasia Quality of Life Scale-39 (SAQOL-39) across languages: a systematic review.  
*Clinical Rehabilitation*, 2017;**31**:1201-1214.

Dear Professor Wade

I am writing as the main developer of the Stroke and Aphasia Quality of Life Scale – 39 item (SAQOL-39/ SAQOL-39g) [1, 2]. I naturally follow many of the papers written about it or using it. I have major concerns about the accuracy and thoroughness of the data presented and conclusions drawn in a review within *Clinical Rehabilitation*.

The authors of the paper above have undertaken a review [3] of the English and translated versions of the Stroke and Aphasia Quality of Life Scale – 39 (SAQOL-39). Though this was a worthwhile undertaking, the paper has numerous errors. I have identified and listed here the most obvious errors in relation to the English and the Greek versions, which are the versions I am most familiar with. The reference numbers below refer to the references used in the published paper.

*English versions- original and generic stroke (refs 6, 17 in paper)*

1. On page 4 it is stated that the quality of the two English versions (refs 6, 17) that investigated criterion validity was poor. Neither English version investigated criterion validity.
2. On page 4 it is stated that 'hypothesis testing was good for only one study (generic version of English, ref 17)'. Hypotheses were also tested in a similar way in the original version, ref 6.
3. On page 5 it is stated that discriminant validity of the original English version (ref 6) was tested against the Scandinavian Stroke Scale (SSS). The Scandinavian Stroke Scale was not used in the testing of discriminant validity of the original English version: the Medical Outcomes Study (MOS) Social Support Survey (SSS) was used.
4. In table 1, 'hypothesis testing' is marked as N/A (i.e. not assessed) for the original English version (ref 6). Hypotheses were tested in a similar way as in the generic English version, which is marked as 'Good' in the table.
5. In table 1, 'criterion validity' is marked as poor for the two English versions: it should be N/A, as criterion validity was not evaluated (as in point 1 above).

*Greek version (refs 2, 22 in paper)*

6. The translation and cultural adaptation of the Greek SAQOL-39 is reported in ref 22 and its psychometric testing (reliability, validity) is reported in ref 2. Though ref 2 is included in the paper it is not included in the reviewed papers and in the synthesis of the results. This means that although reliability and validity were tested for the Greek SAQOL-39, they are reported as not tested or '-' in the published paper.

7. On page 5, the final sentence for the Greek SAQOL should include the underlined additions: 'The acceptability, reliability and content and construct validity were established for the Greek version of the SAQOL-39 scale (refs 2, 22)'
  8. Table 1 should include ref 2
  9. Table 3 should include ref 2, and have a '+' rather than a '-' for reliability
  10. Table 4 should include ref 2 and have 0.96 for Cronbach's alpha, and 0.96 for test-retest reliability ICC.
  11. On page 11, paragraph 3, the sentence 'All versions of the SAQOL-39 except the Greek and the Persian provided evidence of internal consistency' should not include the Greek version. The final sentence 'The Greek version did not provide the internal consistency as well as the test-retest reliability scores' should be deleted, as it is false.
  12. On page 12, paragraph 4, the sentence beginning 'To sum up, in all versions (except the Greek and the Persian) the test-retest reliability...'
- should not include the Greek version, as the Greek version evaluated said psychometric properties.

Listed above are the most obvious errors I identified looking at two of the 17 SAQOL-39 /SAQOL-39g translated versions listed in this review.

My concern is that readers of this review may form the wrong conclusions about the quality of the SAQOL scale in the original and different translated versions, given the erroneous information provided. They should establish the quality for themselves using the cited papers, together with any more recent publications [4]. Further information on the SAQOL, its different versions and supporting research can be found at <https://cityaccess.org/>.

Kind regards

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Professor of Acquired Communication Disorders  
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#### References:

1. Hilari, K, Byng, S, Lamping, DL, Smith, SC. Stroke and aphasia quality of life scale-39 (SAQOL-39) evaluation of acceptability, reliability, and validity. *Stroke* 2003; **34**:1944–1950
2. Hilari K, Lamping DL, Smith SC, Northcott S, Lamb A, Marshall J. Psychometric properties of the Stroke and Aphasia Quality of Life Scale (SAQOL-39) in a generic stroke population. *Clinical Rehabilitation*, 2009; **23**:544-57.
3. Ahmadi, A., Tohidast, S. A., Mansuri, B., Kamali, M., & Krishnan, G. Acceptability, reliability, and validity of the Stroke and Aphasia Quality of Life Scale-39 (SAQOL-39) across languages: a systematic review.

Clinical Rehabilitation, 2017; **31**:1201-1214.

4. Wallace SJ, Worrall L, Rose T, Le Dorze G, Breitenstein C, Hilari K, Babbitt E, Bose A, Brady M, Cherney LR, Copland D. A core outcome set for aphasia treatment research: The ROMA consensus statement. *International Journal of Stroke*. 2019; **14**:180-5.