OPEN PEER REVIEW

Open Peer Review (OPR)

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Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
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- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Health Scope
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Peer Review Report for "Quality of Life Outcomes of Iranian Traditional Medicine Health Measures Instruction (Hefzalsehe): A Clinical Trial"

Author(s): Mohammad Bagher Hadavand, Ali Montazeri, Seyed Saeed Esmaeili Saber , Mohammad Gholami Fesharaki , Farhad Jafari, Mostafa Abedi , Reza Gharebaghi

Review Timeline:

Submit Date:	20 Dec 2018
Revised Date:	19 Feb 2019
Accepted Date:	26 Feb 2019

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) 26 Jan 2019

Dear Editor

Thank you very much for inviting me to review this manuscript. I read the following submission based on your invitation:

Quality of Life Outcomes of Iranian Traditional Medicine Health Measures Instruction (Hefzalsehe), a Clinical Trial
I am working as a specialist in the field of Persian Traditional Medicine, therefore, the topic is located in my field of interest. Frankly speaking, this was an interesting paper as the authors performed a clinical trial and registered the trial in the recognized database. The registration of trial in IRCT has been assigned a peer-review process therefore I am sure that this submission passed successfully the peer review process of the methodology by IRCT staff.

Once I searched Pubmed, I found that, there is a lack of researches in the field of Hefzalsehe in English literature, therefore, this study would be one of the pioneer researches in this topic.

With pleasure, I would recommend accepting this manuscript since it would bring a number of citations and references to your Journal in the early future. Please ask the authors to perform these amendments in the text:

1. Authors mentioned that: "considering $\alpha = 0.05$, $\beta = 0.1$ and $d = 0.6$, the following formula was used to calculate the sample size ", however it seems that the authors forgot to bring the formula in their submission. They should mention this statement: sample size calculation has been reached to 50 subjects in each group.

2. I have double-checked the IRCT website just to be sure regarding the process and I found that the research is registered on the IRCT website; however, the code contained in the article seems to be incorrect. Please ask the authors to correct the code accordingly. This is an important issue.

REFEREE: Reviewer | **Revision** (0) 27 Jan 2019

Dear Editor-in-Cheif

Thank you very much for giving me the opportunity to review this manuscript. The authors aimed to measure the quality of life outcomes of Iranian Traditional Medicine (ITM) health protection measures instruction (hefzalsehe) at the clinical trial setting.

I would recommend accepting the manuscript provided that authors perform the following changes and answer inquiries as below:

1. Please delete SPSS in the abstract. No need to mention the software analysis in the abstract.
2. Please mention that your questioner was standardized in former studies in abstract in the Persian language.

3. Method section:
a. Did you exclude the history of infective diseases, cardiovascular or pulmonary diseases?
b. Did your study perform in the main city or suburb?
c. Please define the e-learning method further.
d. Please delete the details of the sample size formula. This is not a statistical paper

4. Results:
a. What is the meaning of the star sign-in in table 1?
b. How did you define people to be good, poor, and average in financial income?
c. Why 2 p-values in Table 2?

Limitations:
People in Iran had different medical insurances. Please clarify what type of insurance they had?

REFEREE: Reviewer | **Revision** (0) 30 Jan 2019

Dear EIC
The paper was investigated. It's okay with my specialty, which is traditional medicine. In the case of the English text, you may need an edit. One hundred and one , for example.
One and one
Good luck

REFEREE: Reviewer | **Revision** (0) 1 Feb 2019

What is the mean of hefzalsehe?
Check the title of the manuscript.
The manuscript needs revision by a native English language expert.
“One hundred one patients included in this study (50 males and 51 females) and randomly distributed in two groups after matching by demographic characteristics” move to method section.
The introduction has been written briefly. Write more about the quality of life and the role of ITM.
Write the importance e of study and objectives. Use of the following papers for improvement of the study.
1. Prediction of Quality of Life by Type D Personality and Illness Perception Factors in Patients With Coronary Artery Disease: A Structural Equation Model
2. Path Analysis of Depression and Quality Of Life Among Nurses
3. Health-Related Quality of Life in Patients With High Blood Pressure in the Rural Areas of Golestan Province, Iran
4. Path Analysis of Depression and Quality Of Life Among Nurses
Method:
The method section is written briefly.
Where participants were randomly selected? Health centers? Hospitals or households?
How many participants were selected? Describe matching.
Describe more about educations (both face to face and virtual)
How data were gathered?
Use regression for more robust analysis
How the economic status of the participants were assessed? Describe detail
Table 1. The mean score of QoL dimensions’ decreased in the control group. Why? What explanation is there for it?
A relationship between QoL and demographics variables before and after the intervention is needed.
Discussion: What is the use of the sentence? “We aimed at evaluating the effect of Hefzalsehe education on the quality of life by standardized SF-12 questionnaire”.
Write limitations of the study.

Regards,

REFEREE: Associate Editor | **Revision** (0) 1 Feb 2019

Dear Editor,
The manuscript needs revision.
Best

REFEREE: EIC | **Revision** (0) 3 Feb 2019

What is the mean of hefzalsehe?
Check the title of the manuscript.
The manuscript needs revision by a native English language expert.
“One hundred one patients included in this study (50 males and 51 females) and randomly distributed in two groups after matching by demographic characteristics” move to method section.
The introduction has been written briefly. Write more about the quality of life and the role of ITM.
Write the importance e of study and objectives. Use of the following papers for improvement of the study.
1. Prediction of Quality of Life by Type D Personality and Illness Perception Factors in Patients With Coronary Artery Disease: A Structural Equation Model
2. Path Analysis of Depression and Quality Of Life Among Nurses
3. Health-Related Quality of Life in Patients With High Blood Pressure in the Rural Areas of Golestan Province, Iran
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The method section is written briefly.
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How many participants were selected? Describe matching.
Describe more about educations (both face to face and virtual)
How data were gathered?
Use regression for more robust analysis
How the economic status of the participants were assessed? Describe detail
Table 1. The mean score of QoL dimensions’ decreased in the control group. Why? What explanation is there for it?
A relationship between QoL and demographics variables before and after the intervention is needed.
Discussion: What is the use of the sentence? “We aimed at evaluating the effect of Hefzalsehe education on the quality of life by standardized SF-12 questionnaire”.
Write limitations of the study.

Regards,

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

RE: Detailed Responses to Reviewers

Dear Editor, Health Scope

We are submitting the revised version of the manuscript to your esteemed Journal based on the valuable comments from your expert reviewers.

The comments were very useful to strengthen the content of our manuscript. I am attaching corrected paper with the “respond to reviewer report” line by line with track changes of word to show you major revision that made.

We hope this will satisfy queries and looking forward for your kind decision. I am attaching this report as well as edited version of the manuscript. I would appreciate if you may reach decision soon since I need your decision in my final viva.

I hope our study brings a number of citations to your valuable Journal refer to nature of the study as the pioneer research in this field.

Sincerely,

Corresponding Author

Reviewer Number	Comments of the reviewer	Response by the authors
Reviewer #1	1. Please delete SPSS in the abstract. No need to mention the software analysis in abstract.	The sentence has been deleted.
	2. Please mention that your questioner was standardized in former studies in abstract in the Persian language.	It has been mentioned as below: Persian language short-form of the quality of life questionnaire (SF-12) which was standardized in former studies.
	3a. Did you exclude the history of infective diseases, cardiovascular or pulmonary diseases?	Patients with history of all longstanding diseased which requires medication or admission were excluded.
	3b. Did your study perform in the main city or suburb?	The study has been performed in main city.
	3c. Please define e-learning method further.	We used social networks that all applicants had access on.
	3d. Please delete the details of sample size formula. This is not a statistical paper	We have deleted the details of calculation accordingly.
	4a. What is the meaning of star sign in table 1?	Meaning that applicants did not receive education on this item.
	4b. How did you define people to good, poor, and average in financial income?	Economic status of participants has been defined through self-declaration.
	4c. Why 2 p-values in Table 2?	Two P values show significances within the group and between groups.

	People in Iran had different medical insurances. Please clarify what type of insurance they had?	We used individual who used insurance through Health Insurance Organization: All applicants who used medical insurance through Iranian Health Insurance were included. The manuscript has been rewritten based on your valuable comments and high standard of the Journal.
Reviewer #2	What is the mean of hefzalsehe?	Thank you very much for your valuable comment. We clearly stated that: Hefzalsehe means essential life style recommendations for maintaining health and well-being based on ITM
	Check the title of the manuscript.	It has been amended accordingly: Quality of Life Outcomes Following Iranian Traditional Medicine Instruction (Hefzalsehe)
	The manuscript needs revision by a native English language expert.	We have edited the manuscript however if you kindly accept the case, we would promise to use editing services of Kowsar Publishing Corp.
	“One hundred one patients included in this study (50 males and 51 females) and randomly distributed in two groups after matching by demographic characteristics” move to method section.	It has been moved to method section.
	Introduction has written briefly. Write more about the quality of life and the role of ITM.	We have described the details based on the paper you have suggested however please kindly note that we found a positive impact of education and Hefzalsehe instruction on the

		quality of life parameters (measured by a valid Persian language questioner). There is a lack of evidences in the literature regarding the effects of Hefzalsehe instruction on the quality of life as we described.
	Write the importance e of study and objectives. Use of the following papers for improvement the study. 1. Prediction of Quality of Life by Type D Personality and Illness Perception Factors in Patients With Coronary Artery Disease: A Structural Equation Model 2. Path Analysis of Depression and Quality Of Life Among Nurses 3. Health Related Quality of Life in Patients With High Blood Pressure in the Rural Areas of Golestan Province, Iran 4. Path Analysis of Depression and Quality Of Life Among Nurses	We read with great intrest the recommended papers and we cited the publications as below: Najafimanesh et al. found relationships between type D personality and quality of life (17) however as we did not assess the mental status of our participants it should be considered as our limitation may shed light on future studies to subdivide cases in to their personality type. On the other hand it has been found that life style modifications may have positive consequences on quality of life in healthcare workers as Kassani et al. (18) found. Our results also indicated that life style education and Hefzalsehe instruction may have effects on the quality of life parameters. 17. Najafimanesh Z, Karambakhsh A R, Salesi M, Mohammadi J. Prediction of Quality of Life by Type D Personality and Illness Perception Factors in Patients With Coronary Artery Disease: A Structural Equation Model, Health Scope. 2016 ; 5(1):e27673. doi: 10.17795/jhealthscope-27673.

		18. Kassani A, Menati W, Menati R, Khammarnia M. Path Analysis of Depression and Quality Of Life Among Nurses, Health Scope. 2015 ; 4(4):e23353. doi: 10.17795/jhealthscope-23353. However please kindly note that we are unable to cite all of them inside the manuscript as all of them were selected from the Health Scope Journal refer to cross referencing issue that may cause consequences to the Journal in future.
	Method section written briefly.	We have described methods further in detail.
	Where participants were randomly selected? Health centers? Hospitals or households?	We have selected randomly participants from database of insured individuals who were under coverage from Iranian Health Insurance.
	How many participants were selected? Describe about matching.	The sample size requirement was 100 cases. We have requited 150 cases however 101 cases were included refer to loss to follow up individuals. The participants were randomly selected and then divided into control and intervention groups using simple block allocation method.
	Describe more about educations (both face to face and virtual)	Thank you very much for this statement. We added the appropriate sentence. Face-to-face training performed in two sessions based on the provided content and subsequently for six

		months duration instruction performed using social media as well as telephonic conversation training.
	How data were gathered?	We have selected randomly participants from database of insured individuals who were under coverage from Iranian Health Insurance organization. Totally, 150 cases were required however 101 cases were included refer to loss to follow up.
	Use regression for more robust analysis	Thank you very much for addressing this issue however since regression analysis was not considered as our objective and the project has been completed we are unable to perform this regression for more robust analysis.
	How economic status of the participants were assessed? Describe detail	Economic status of participants has been defined through self-declaration of cases. We did not use the standard questioner to measure the economic status of the cases however it is an interesting idea that we perform all these measurements by standard available methods of measurements.
	Table 1. Mean score of QoL dimensions' decreased in control group. Why? What explanation is there for it?	Mean score of QoL dimensions' decreased in control group since they did not any educational program to modify their life style. Thank you very much to address this important note.
	Relationship between QoL and demographics variables before and after	Thank you very much for addressing this issue however since this

	intervention is needed.	important issue was not considered as our objective and the project has been completed we are unable to perform this analysis however we would aim to address this important issue in future studies.
	Discussion: What is the use of the sentence? “We aimed at evaluating the effect of Hefzalsehe education on the quality of life by standardized SF-12 questionnaire”.	Thank you very much. We aimed the effect of Hefzalsehe education on the quality of life measured by a standard questionnaire.
	Write limitation of the study.	We remarked two paragraphs regarding limitations of our study. Please kindly note that up to our knowledge there is lack of evidence to measure quality of life following Hefzalsehe education. Therefore this pioneer research may bring number of citations to your valuable Journal. Just as an example, please note to the simple letter to editor that IJPH published: Moradi H, Minaii B, Nikbakht Nasrabadi A, Siahpoosh MB. Avicenna Viewpoint about Health Preservation through Healthy Nutrition Principles. Iran J Public Health. 2013;42(2):220-1. Although it is a letter to editor however it has brought almost 15 citations for the Journal as the topics of traditional medicine are in the field of interest.
Reviewer #3	1. Authors mentioned that: "considering $\alpha = 0.05$, $\beta = 0.1$ and $d = 0.6$, the following formula was used to calculate the sample size ", however it seems that authors forgot to bring the formula in their submission. They should mention	I have deleted details and amend the sentence based on your valuable points: sample size calculation has been reached to 50 subjects in each group.

	this statement: sample size calculation has been reached to 50 subjects in each group.	
	2. I have double checked the IRCT website just to be sure regarding the process and I found that the research is registered in IRCT website; however, the code contained in the article seems to be incorrect. Please ask authors to correct the code accordingly. This is an important issue.	Sorry for this confusion. I made the correction to the number of clinical trial registration: **IRCT20190109042302N1** https://fa.irct.ir/trial/36731
Reviewer #4	مقاله مورد نظر بررسی شد در حیطه تخصص بنده که طب سنتی است ایرادی ندارد در مورد متن انگلیسی شاید نیاز به ویرایشی داشته باشد مثلا صد و یک بیمار	Many thanks for your comment and we hope to bring a number of citations as we did a pioneer research in this field. An English copy-editor revised the manuscript extensively however if you would accept the manuscript we are ready to perform any editing by your affiliated company.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 12 Feb 2019

Dear Editor,
describe more about Hefzalsehe in detail.
the authors should write more about education methods, Educational content.
who educates patients? Give details.
write more about ethical consideration and consent form in the method section.
how participants were matched in two groups? Give details.
what is the meaning of Good, Average, and Poor in economics?
status? there is a standard Instruction for this category? if you did not use
the standard questioner to measure the economic status of the cases
and it is an interesting idea, please exclude this variable.
please again, a relationship between QoL and demographics variables before and after
the intervention is needed.
please again, use regression for more robust analysis.
please again, how data were gathered? describe the questionnaire completing the process.
Regards,

REFEREE: Associate Editor | **Revision** (1) 12 Feb 2019

Dear Editor,
Revision is needed for this manuscript,
Best

REFEREE: EIC | **Revision** (1) 13 Feb 2019

please modify the article according to the comments of the associate editor and reviewer:

describe more about Hefzalsehe in detail.
the authors should write more about education methods, Educational content.
who educates patients? Give details.
write more about ethical consideration and consent form in the method section.

how participants were matched in two groups? Give details.
what is the meaning of Good, Average, and Poor in economics?
status? there is a standard Instruction for this category? if you did not use
the standard questioner to measure the economic status of the cases
and it is an interesting idea, please exclude this variable.
please again, a relationship between QoL and demographics variables before and after
the intervention is needed.
please again, use regression for more robust analysis.
please again, how data were gathered? describe the questionnaire completing the process.
Regards,

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

RE: Detailed Responses to Reviewers

Dear Reviewer, Health Scope

We are submitting the second revision of the manuscript to your esteemed Journal based on the valuable comments from your expert reviewers.

The comments were very useful to strengthen the content of our manuscript. I am attaching corrected paper with the “respond to reviewer report” line by line highlighted words that made.

We hope this will satisfy queries and looking forward for your kind decision. I am attaching this report as well as edited version of the manuscript. I would appreciate if you may reach decision soon since I need your decision in my final viva.

I hope our study brings a number of citations to your valuable Journal refer to nature of the study as the pioneer research in this field.

Sincerely,

Corresponding Author

Comments of the reviewer	**Response by the authors**
Describe more about Hefzalsehe in detail.	Thank you very much for addressing this issue. It may need a review article however we have added paragraphs as below: “Hefzalsehe is the ancient name of modern preventive medicine mainly based on ITM which is one of the methods of maintaining health based on MIZAJ status as well as life style modification. The concept of health from Avicenna perspective is in accordance with the balance between organ function. Hefzalsehe is a set of instructions, including instructions on eating and drinking (determination and consumption of food in terms of individual's MIZAJ), sleep and awakening (sleep time, environment and sleeping behavior), physical activity and rest (exercise and its types, rest, work and its effect on the body), nutrition and disposal of waste materials (sweating and importance of cupping), the weather (the influence of the weather and the various seasons on the body and body regulation with the conditions of each season), and mental states (controlling

	anger, copping with sadness, excitement and joy). Although these lifestyle modifications are similar to traditional principles of traditional medicine, ITM provides these strategies with regard to each person's physical characteristics. One of the basic strategies to improve the quality of life is to educate lifestyle modification based on the ITM that should be taken into consider as World Health Organization defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1-6).”
The authors should write more about education method, Educational content. Who educate patients? Give details.	Many thanks for your comment. Please find following statement: “The educational content was based on the booklet “Hefzalsehe for Behvarz”, printed by the Iranian Ministry of Health and Medical Education, 2015, as well as in accordance with the text books of Naseri's Hefzalsehe, Avicenaa's Canon, Mofarah Alqulb’s Hakim Arzani which are considered as foremost ancient textbooks in Hefzalsehe fundamentals. Following assignments of the participants, the subjects were allocated into groups each of maximum 10 persons and then face-to-face training performed in two sessions based on the provided content in eight hours sessions to educate Hefzalsehe. Education was done by two trainees of traditional medicine degree (final year students who were general physicians, holding medical doctorate degree in medicine underwent academic training program of ITM at Shahed University, Tehran, Iran).”
Write more about ethical consideration and consent form in method section. How participants were match in two groups? Give details.	Thank you in addressing this important issue. Please find details as below: The current study was approved by the Medical Ethics Committee of Shahed University on 31 May 2017 (code No. IR.Shahed.REC.1396.28). Patient informed consent received accordingly. All research questions explained in lay terms. We have instructed subjects that all information will keep confidential. Furthermore, it has explained that there is no medical or surgical intervention in this study. Study protocol explained in details insisting on volunteer participation of subjects highlighting the risk and benefits as well as duration of study and method of sharing results with confidentiality. Participants

	confirm that the individual has given consent freely with the rights to refuse or withdrawal. The allocation of people to the intervention and control group was done using a simple random allocation method. We have selected randomly participants from database of insured individuals who were under coverage from Iranian Health Insurance organization. Individuals were randomly selected from 1 to 100. Randomization was done by using a computer-generated randomization slope (Arcus Quickstat, Cambridge, United Kingdom), with simple random allocation method. Randomization numbers assigned consecutively in the order in which subjects were enrolled by using Statistical analysis of SPSS software, version 21.0 (SPSS Inc, Chicago, IL, USA). The case and control groups were matched for age, gender, and education.
What is the meaning of Good, Average and Poor in Economic status? There is a standard Instruction for these categories? if you did not use the standard questioner to measure the economic status of the cases and it is an interesting idea, please exclude this variable.	We have deleted this variable in the manuscript since we did not use standard questioner.
Please again, relationship between QoL and demographics variables before and after intervention is needed.	Further analysis regarding relationship between QoL and demographics variables before and after intervention revealed that no relationship exists. Therefore we just add this sentence in the results preclude to reveal the following table. The relationship between gender, age, education and Occupational status with quality of life score using linear regression **Variable** / **Level** / **β** / **Standard Error** / **T** / **P-value** / **95% Confidence Interval** (Lower, Upper) Gender: Male -4.45, 4.83, -0.92, 0.359, -14.06, 5.15; Female: Considered as a reference category Age range, year: Less than 30 -7.01, 9.55, -0.74, 0.465, -26.01, 11.98; 30-40 -5.23, 7.75, -0.68, 0.502, -20.64, 10.18; 41-50 -7.58, 8.24, -0.92, 0.36, -23.98, 8.82; Above 50: Considered as a reference category Educational status: Under diploma and diploma -10.23, 7.97, -1.28, 0.203, -26.08, 5.62; Associate degree and bachelor -0.37, 6.91, -0.05, 0.958, -14.11, 13.37; Master's degree and higher: Considered as a reference category Occupational status: Clerk -3.45, 11.34, -0.30, 0.762, -26.01, 19.10; Self-employed -7.13, 16.06, -0.44, 0.658, -39.07, 24.81; Housewife 0.98, 11.89, 0.08, 0.935, -22.67, 24.63; Student: Considered as a reference category

Please again; use regression for more robust analysis.	Additional statistical analysis showed that r^2 is equal to 0.05. In the presence of low correlations we did not remark details of analysis as below: The relationship between gender, age, education and Occupational status with quality of life score using linear regression

Variable	Level	β	Standard Error	T	P-value	95% Confidence Interval	
						Lower	Upper
Gender	Male	-4.45	4.83	-0.92	0.359	-14.06	5.15
	Female	Considered as a reference category					
Age range, year	Less than 30	-7.01	9.55	-0.74	0.465	-26.01	11.98
	30-40	-5.23	7.75	-0.68	0.502	-20.64	10.18
	41-50	-7.58	8.24	-0.92	0.36	-23.98	8.82
	Above 50	Considered as a reference category					
Educational status	Under diploma and diploma	-10.23	7.97	-1.28	0.203	-26.08	5.62
	Associate degree and bachelor	-0.37	6.91	-0.05	0.958	-14.11	13.37
	Master's degree and higher	Considered as a reference category					
Occupational status	Clerk	-3.45	11.34	-0.30	0.762	-26.01	19.10
	Self-employed	-7.13	16.06	-0.44	0.658	-39.07	24.81
	Housewife	0.98	11.89	0.08	0.935	-22.67	24.63
	Student	Considered as a reference category					

Please again, how data were gathered? describe about questionnaire completing process.	For six months duration instruction based on ITM principals performed using social media as well as telephonic conversation training to case group. Quality control team always follow up cases to be sure that they were in access of social media. The primary outcomes of the study were to evaluate the quality of life of patients before intervention and six months after the intervention. Quality of life in the current study was evaluated using the standardized SF-12 questionnaire including 12 questions on the quality of life. The short-form of the quality of life questionnaire (SF-36) is 36-item questionnaire widely used by various studies. It is a self-reporting questionnaire with 12 items and eight subscales (physical function (PF), lack of role due to physical problems (RP), mental health (MH), lack of role due to emotional problems (RE), energy and vitality (EF), social function (SF), pain (P), and general health (GH). In this questionnaire, lower scores represent lower quality of life.

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (2) 26 Feb 2019

Dear Editor,
After two review rounds and correcting all reviewers' comments, the manuscript has criteria for publication in the journal.
Regards,

REFEREE: EIC | **Revision** (2) 26 Feb 2019

Dear author
After two review rounds and correcting all reviewers' comments, the manuscript has criteria for publication in the journal.
Regards,