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OPEN PEER REVIEW

Psychometric Properties of Coronavirus Anxiety Scale in Iranian Population

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About this report

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1 Original submission

4 comments · 25 Jan 2021 – 22 Mar 2021

Viswa Chaitanya Chandu Reviewer

MAJOR REVISION 25 Jan 2021

Abstract:
• The expression 'current' conveys a contemporary notion and would not remain applicable in the future. Please rephrase.

• “Nevertheless, there are not many available psychological measures with adequate psychometric properties to scrutinize the anxiety associated with COVID 19 pandemic among the general populations.”
The authors may have to re-check the accuracy of this statement. There are many validated scales that measure the influence of COVID-19 on the mental health of general populations and health care workers. These scales have also been validated in many languages across the world. If the authors intend to mention the Iranian context, please be specific about it.

Background:
• “Consequently, elevated rates of infection and death due to COVID-19 caused extensive anxiety/stress.”

'Consequently' may not be an appropriate term. The authors were not referring to COVID-19 in the earlier statement.

• “Studies conducted in other countries were consistently demonstrated such results; most of the studies participants experienced high psychological symptoms (e.g., anxiety, compulsion, phobic anxiety, interpersonal sensitivity, and psychoticism).”

Please rephrase the statement for better understanding.

• “Identifying high-risk individuals for having psychological symptoms is as significant as diagnosing these symptoms, because these individuals would be the target populations for assessment and treatment.”

Please elaborate on this in the discussion section. How is this going to happen?

• “The 5-item CAS is designed to screen and identify people with coronavirus-related anxiety. This scale was shown to have high validity (α = 0.93) and a stable factor structure (Lee, 2020). Also, in a following study conducted by Lee et al.(22), the validity of this scale (α = 0.92) was demonstrated and the results of confirmatory factor analysis confirmed the one-factor model of this scale.”

Please be informed that coefficient alpha, also referred to as Cronbach’s alpha, is not a measure of validity. The authors must identify alpha as demonstrating internal consistency reliability and refer to these published papers for details on how validity was established for these scales.

Objectives:
• “There is no available, valid and short instrument to measure the psychological issues (i.e., anxiety) caused by COVID-19 in Iran.”

It is surprising to see that there has not been any mention of the recently published Iranian COVID-19 Anxiety Scale (CDAS).

Methods:
• “Online survey data from 305 adults were collected in Iran.”

The mere description "online survey data" doesn't suffice, since the process and methods involved in data collection have a huge significance in the context of any self-reported psychological parameters. How were

the participants chosen? Was the online survey selectively sent to certain participants? If so, what is the response rate? If not, how did the authors reach the potential participants?

• "Questionnaires with appropriate Persian psychometric properties were used in the present study."

This statement needs further detail.

• Expand CVR.

• "To evaluate the psychometric properties of CAS, several online self-report questionnaires via (http://porsall.com/Poll/Show/39b7b6618b4b4b1) were used."

This statement seems out of place and creates confusion. Kindly elaborate.

• Please justify the sample of 305 for confirmatory factor analysis.

Results:
• The authors are encouraged to provide detail on the error terms associated with each of the observed variables and discuss the correlation between error terms while reporting the findings pertaining to confirmatory factor analysis.

• I am interested in learning from the authors the rationale behind stratified CFA to confirm the unidimensionality of the Persian version of CAS (P-CAS) in a gender-specific manner. Moreover, why did the authors not consider stratified CFA of P-CAS based on the previous history of COVID-19 infection, which could have been more relevant?

• The inter-item correlation of 0.6 between items 1 and 2 appears to be a high inter-item correlation for items belonging to a single construct. Please elaborate on this in the discussion section.

• "However, independent samples t-tests revealed that there are significant differences between those who had higher scores on anxiety (≥ 10), depression (≥ 14), and stress (≥ 19) scales (N = 54, MD = 2.37, SD = 2.54), and those who did not (N = 251, MD = 1, SD = 1.69) in CAS scores, t (303) = 4.90, p < 0.001."

This statement is confusing. Did the authors perform this analysis separately for the depression, anxiety and stress subscales? If so, please report that with details on the test statistics and probability values for the association between each DASS subscale and the COVID-19 anxiety score.

• Though the differences in mean anxiety scores were compared with t tests, it would be interesting to look at the results from discriminant analysis.

• Further evaluation for differences in P-CAS scores based on educational background could be included.

Discussion:
• Though the discussion section is generally written well, the inclusion of additional detail in the results section as suggested calls for elaboration of the discussion section.

General suggestions:
• Throughout the manuscript, the Persian version of CAS has to be identified in such a manner that highlights the fact that this scale is a translated version of CAS. Occasionally the acronym CAS has been used in the manuscript to describe the Persian version.

• Throughout the manuscript, the expressions stress, anxiety, and fear have been occasionally used interchangeably. While the synonymous usage of these expressions in common parlance is understandable, given the distinct differences identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), it would be more appropriate to clearly distinguish between these expressions in the manuscript.

• Overall, the manuscript needs a language re-check to address typos and would benefit from thorough proofreading.

Referee 1 Reviewer

MAJOR REVISION 14 Mar 2021

1- Keywords should be selected according to MeSH.
2- In the introduction, paragraph 3 should be integrated with another paragraph: "Identifying high-risk individuals for having psychological symptoms is as significant as 49 diagnosing these symptoms, because these individuals would be the target populations for 50 assessment and treatment. "
3- (Lee, 2020)… References should be in Vancouver format.
4- Referring to the validity of this scale (α = 0.92) is incorrect; reliability is correct.
5- Please follow the principles of academic writing.
6- Please explain this scale and the advantages of using this scale.
7- This paragraph is redundant; please delete it: "The primary purpose of current study was assessing the psychometric properties of CAS in an Iranian sample so, in addition to CAS, other measures were used in order to evaluate the validity of CAS The online survey included CAS, COVID Stress Scales (CSS), The short - form version of the Depression Anxiety Stress Scales (DASS-21), Whiteley index (WI), and Difficulties in Emotion Regulation Scale (DERS). Questionnaires with appropriate Persian psychometric properties were used in the present study".
8- The ethics committee approval code should be mentioned.
9- Potential sources of bias and ways to control them should be mentioned in the method section.
10- Mention the missing data and how you analyzed them.
11- The inclusion and exclusion criteria should be mentioned.
12- In fig 1, error coefficients are missing.
13- Present convergent validity in a table rather than in the text.
14- In the discussion: Compare your new findings with the findings of previous studies by others.
15- Mention possible explanations for the consistency and inconsistency between the results of your studies and those of previous studies by others.

Associate Editor

MAJOR REVISION 14 Mar 2021

Dear author.
Thanks for editing the manuscript. However, please pay more attention to the following:

Reviewer 1
Your work is valuable, and I would like to thank you for your effort in contributing to the scientific community. In the current context of COVID-19, this study has strong social value.
1-In the abstract section, please mention the statistical sample, sampling method, statistical methods, and software used for data analysis.
2-In the Study Population section, it should be stated that the study used a web-based cross-sectional design.
3- The data collection procedure section has not been reported accurately. Please indicate exactly how the questionnaires were collected or sent to participants.

Reviewer 2
Abstract:

• “Nevertheless, there are not many available psychological measures with adequate psychometric properties to scrutinize the anxiety associated with COVID 19 pandemic among the general populations.”
The authors may have to re-check the accuracy of this statement. There are many validated scales that measure the influence of COVID-19 on the mental health of general populations and health care workers. These scales have also been validated in many languages across the world. If the authors intend to mention the Iranian context, please be specific about it.

Background:
• “Consequently, elevated rates of infection and death due to COVID-19 caused extensive anxiety/stress.”

'Consequently' may not be an appropriate term. The authors were not referring to COVID-19 in the earlier statement.

• “Studies conducted in other countries were consistently demonstrated such results; most of the studies participants experienced high psychological symptoms (e.g., anxiety, compulsion, phobic anxiety, interpersonal sensitivity, and psychoticism).”

Please rephrase the statement for better understanding.

• “Identifying high-risk individuals for having psychological symptoms is as significant as diagnosing these symptoms, because these individuals would be the target populations for assessment and treatment.”

Please elaborate on this in the discussion section. How is this going to happen?

• “The 5-item CAS is designed to screen and identify people with coronavirus-related anxiety. This scale was shown to have high validity (α = 0.93) and a stable factor structure (Lee, 2020). Also, in a following study conducted by Lee et al.(22), the validity of this scale (α = 0.92) was demonstrated and the results of confirmatory factor analysis confirmed the one-factor model of this scale.”

Please be informed that coefficient alpha, also referred to as Cronbach’s alpha, is not a measure of validity. The authors must identify alpha as demonstrating internal consistency reliability and refer to these published papers for details on how validity was established for these scales.

Objectives:
• “There is no available, valid and short instrument to measure the psychological issues (i.e., anxiety) caused by COVID-19 in Iran.”

It is surprising to see that there has not been any mention of the recently published Iranian COVID-19 Anxiety Scale (CDAS).

Methods:
• “Online survey data from 305 adults were collected in Iran.”

The mere description "online survey data" doesn't suffice, since the process and methods involved in data collection have great significance in the context of any self-reported psychological parameters. How were the participants chosen? Was the online survey selectively sent to certain participants? If so, what is the response rate? If not, how did the authors reach the potential participants?

• “Questionnaires with appropriate Persian psychometric properties were used in the present study.”

This statement needs further detail.

• Expand CVR.

• “To evaluate the psychometric properties of CAS, several online self-report questionnaires via (http://porsall.com/Poll/Show/39b7b6618b4b4b1) were used.”

This statement seems out of place and creates confusion. Kindly elaborate.

• Please justify the sample of 305 for confirmatory factor analysis.

Results:
• The authors are encouraged to provide detail on the error terms associated with each of the observed variables and discuss the correlation between error terms while reporting the findings pertaining to confirmatory factor analysis.

• I am interested in learning from the authors the rationale behind stratified CFA to confirm the unidimensionality of the Persian version of CAS (P-CAS) in a gender-specific manner. Moreover, why did the authors not consider stratified CFA of P-CAS based on the previous history of COVID-19 infection, which could have been more relevant?

• The inter-item correlation of 0.6 between items 1 and 2 appears to be a high inter-item correlation for items belonging to a single construct. Please elaborate on this in the discussion section.

• "However, independent samples t-tests revealed that there are significant differences between those who had higher scores on anxiety (≥ 10), depression (≥ 14), and stress (≥ 19) scales (N = 54, MD = 2.37, SD = 2.54), and those who did not (N = 251, MD = 1, SD = 1.69) in CAS scores, t (303) = 4.90, p < 0.001."

This statement is confusing. Did the authors perform this analysis separately for the depression, anxiety, and stress subscales? If so, please report that with details on the test statistics and probability values for the association between each DASS subscale and the COVID-19 anxiety score.

• Though the differences in mean anxiety scores were compared with t tests, it would be interesting to look at the results from discriminant analysis.

• Further evaluation for differences in P-CAS scores based on educational background could be included.

Discussion:
• Though the discussion section is generally written well, the inclusion of additional detail in the results section as suggested calls for elaboration of the discussion section.

General suggestions:
• Throughout the manuscript, the Persian version of CAS has to be identified in such a manner that highlights the fact that this scale is a translated version of CAS. Occasionally the acronym CAS has been used in the manuscript to describe the Persian version.

• Throughout the manuscript, the expressions stress, anxiety, and fear have occasionally been used interchangeably. While the synonymous usage of these expressions in common parlance is understandable, given the distinct differences identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), it would be more appropriate to clearly distinguish between these expressions in the manuscript.

• Overall, the manuscript needs a language re-check to address typos and would benefit from thorough proofreading.

Reviewer 3
1- Keywords should be according to MeSH.
2- In the introduction, paragraph 3 should be integrated with another paragraph: "Identifying high-risk individuals for having psychological symptoms is as significant as 49 diagnosing these symptoms because these individuals would be the target populations for 50 assessment and treatment. "
3- (Lee, 2020)… References should be in Vancouver format.
4- "the validity of this scale (α = 0.92)"… is incorrect… reliability is correct.
5- Please follow the principles of academic writing.

6- Please explain this scale and the advantages of using this scale.
7- This paragraph is redundant; please delete it: "The primary purpose of the current study was assessing the psychometric properties of CAS in an Iranian sample so, in addition to CAS, other measures were used in order to evaluate the validity of CAS The online survey included CAS, COVID Stress Scales (CSS), The short-form version of the Depression Anxiety Stress Scales (DASS-21), Whiteley index (WI), and Difficulties in Emotion Regulation Scale (DERS). Questionnaires with appropriate Persian psychometric properties were used in the present study".
8- The ethics committee approval code should be mentioned.
9- Potential sources of bias and ways to control them should be mentioned in the method section.
10- Mention the missing data and how they were analyzed.
11- The inclusion and exclusion criteria should be mentioned.
12- In fig 1, error coefficients are missing.
13- Present convergent validity in a table rather than in the text.
14- In the discussion: Compare your new findings with the findings of other previous studies.
15- Mention possible explanations for the consistency and inconsistency of the results of your studies with those of other previous studies.

Editor-in-Chief

MAJOR REVISION 22 Mar 2021

Your paper has been evaluated by external peer reviewers. Please revise your paper according to the reviewers' comments. I would appreciate it if you could make the revisions as soon as possible using the track changes mode in MS Word and colored text.

After revising the manuscript, authors are obliged to upload a Word file containing the reviewers' comments and their replies to each comment.

Besides, please pay attention to the word count limitation:
Word count limits are specified at this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Associate Editor's Comments:

Associate Editor 1:
Dear author.
Thanks for editing the manuscript, however, please pay more attention to the following:

Reviewer 1
Your work is valuable, and I would like to thank you for your effort in contributing to the scientific community. Under the current background of the COVID-19, this study has a strong social value.
1-In the abstract section, please mention the statistical sample, sampling method, statistical methods and software used for data analysis.

Answer: it was corrected In a web-based cross-sectional study, 305 participants partook in this study (184 Women). All participants were evaluated by five questionnaires: P-CAS, CSS, DASS- 21, Whiteley Index, and DERS. Cronbach's alpha, Confirmatory Factor Analysis (CFA) and Correlation coefficient were used for data analysis using SPSS 23 and AMOS-23 software.

2-In the Study Population section, it should be stated that the research method of the study was web-based cross-sectional study.

Answer: checked and corrected.

3- The data collection procedure section has not been reported accurately. Please indicate exactly how the questionnaires were collected or sent to participants.

Answer: it was corrected and changed in the text: "For the data collection procedure, after the questionnaires were ready to be on-line, a link of the questionnaires along with the necessary descriptions and explanations were provided for the participants in various social networks (e.g., WhatsApp, Linkedin, Telegram, and Instagram). After reading the descriptions, if the inclusion criteria were met (e.g., having at least 18 years of age, being resident of Iran, having a certain literacy level, and having signed the informed consent form), the subjects were directed to the questionnaires page and answered the questions. Finally, the participants who fully answered the questionnaires entered the analysis stage".

Reviewer2:

Abstract:

• The expression 'current' holds a contemporary notion and would not hold good into the future. Please rephrase.

Answer: *'current'* was changed (COVID-19 pandemic) in the text.

• "Nevertheless, there are not many available psychological measures with adequate psychometric properties to scrutinize the anxiety associated with COVID 19 pandemic among the general populations."

The authors may have to re-check the accuracy of this statement. There are many validated

scales that measure the influence of COVID-19 on the mental health of general populations and health care workers. These scales have also been validated in many languages across the world. If the authors intend to mention the Iranian context, please be specific about it.

Answer: it was changed in the text: "It seems that despite the highly standardized tools in the field of COVID-19 related anxiety, due to being a short questionnaire, this questionnaire can be helpful in various studies related to anxiety associated with COVID-19 in different populations".

Background:

- *"Consequently, elevated rates of infection and death due to COVID-19 caused extensive anxiety/stress."*

'Consequently' may not be an appropriate term. The authors were not referring to COVID-19 in the earlier statement.

Answer: it was changed in the text: "In general, during recent pandemics, people seem to suffer from psychological distress (stress, fear, anxiety and depression). Elevated rates of infection and death due to COVID-19 caused extensive anxiety".

"Studies conducted in other countries were consistently demonstrated such results; most of the studies participants experienced high psychological symptoms (e.g., anxiety, compulsion, phobic anxiety, interpersonal sensitivity, and psychoticism)."

Please rephrase the statement for better understanding.

Answer: This part has been rephrased. An epidemic study of psychological symptoms in China (i.e., the first country where the coronavirus was identified) showed that in the first phase of COVID-19 pandemic, more than half of their respondents were affected by moderate to severe psychological symptoms, and about one-third of the participants had moderate to severe anxiety levels. In another study, more than 70% of their participants showed moderate to severe psychological symptoms, especially regarding their obsessive-compulsive, interpersonal sensitivity, anxiety, and psychosis scores.

- *"Identifying high-risk individuals for having psychological symptoms is as significant as diagnosing these symptoms, because these individuals would be the target populations for assessment and treatment."*

Please elaborate on this in the discussion section. How this is going to happen?

Answer: This part was deleted.

- *"The 5-item CAS is designed to screen and identify people with coronavirus-related anxiety. This scale was shown to have high validity (α = 0.93) and a stable factor structure (Lee, 2020). Also, in a following study conducted by Lee et al.(22), the validity of this scale (α = 0.92) was demonstrated and the results of confirmatory factor analysis confirmed the one-factor model of this scale."*

Please be informed that Coefficient alpha, also referred to as Cronbach'a alpha, is not a measure of validity. The authors must identify alpha as demonstrating internal consistency

reliability and refer to these published papers for detail on how validity was established for these scales.

Answer: Answer: It was read, checked and corrected.

Objectives:
• *"There is no available, valid and short instrument to measure the psychological issues (i.e., anxiety) caused by COVID-19 in Iran."*

It is surprising to see that there has not been any mention of the recently published Iranian COVID-19 Anxiety Scale (CDAS).

Answer: it was corrected: "Despite more than a year has been passed since onset of COVID-19 pandemic and the development of various tools related to COVID-19 related stress and anxiety have been developed, the length of the current questionnaire, its standardization in different countries and Convergent validity of P-CAS with different tools, are standardization strengths of this questionnaire in Iran strengths of present study".

Methods:
• *"Online survey data from 305 adults were collected in Iran."*

The mere description "online survey data" doesn't suffice, since the process and methods involved in data collection have a huge significance in the context of any self-reported psychological parameters. How the participants were chosen? Was the online survey selectively sent to certain participants? If so, what is the response rate? If not, how did the authors reach the potential participants?

Answer: it was corrected and changed in the text: "For the data collection procedure, after the questionnaires were ready to be on-line, a link of the questionnaires along with the necessary descriptions and explanations were provided for the participants in various social networks (e.g., WhatsApp, Linkedin, Telegram, and Instagram). After reading the descriptions, if the inclusion criteria were met (e.g., having at least 18 years of age, being resident of Iran, having a certain literacy level, and having signed the informed consent form), the subjects were directed to the questionnaires page and answered the questions. Finally, the participants who fully answered the questionnaires entered the analysis stage".

• *"Questionnaires with appropriate Persian psychometric properties were used in the*

present study."

This statement needs further detail.

Answer: It was deleted from manuscript

• *"To evaluate the psychometric properties of CAS, several online self-report questionnaires via (http://porsall.com/Poll/Show/39b7b6618b4b4b1) were used."*
This statement seems out of place and creates confusion. Kindly elaborate.

Answer: it was corrected and changed in the text: "To evaluate the psychometric properties of

CAS, participants were filled in the self-report questionnaires online via http://porsall.com/Poll/Show/39b7b6618b4b4b1".

• *Please justify the sample of 305 for confirmatory factor analysis.*

Answer: "In relation to adequate sample size for CFA, it is recommended number of sample size to be 3 to 20 times the number of variables (25). With 5 variables, 305 was considered good sample size"

Results:

• *The authors are encouraged to provide detail on the error terms associated with each of the observed variables and discuss the correlation between error terms while reporting the findings pertaining to confirmatory factor analysis.*

Answer: Error coefficients and correlations between errors were added to the figure 1.

• *I feel interested to learn from the authors the rationale behind stratified CFA to confirm the unidimensionality of the Persian version of CAS (P-CAS) in a gender specific manner. Moreover, why did the authors not consider stratified CFA of P-CAS based on the previous history of COVID-19 infection, which could have been more relevant?*

Answer: the sample size related to individuals with previous history of COVID-19 infection is not enough to conduct CFA.

• *The inter-item correlation of 0.6 between items 1 and 2 appears to be a high inter item correlation for items belonging to a single construct. Please elaborate on this in the discussion section.*

Answer: The high inter-item correlation between items 1 and 2 is a finding which needs to elaborate on. As these two items evaluate different symptoms (item 1: dizzy, lightheaded, or faint, and item 2: trouble falling or staying asleep), they don't have the same content. Both items 1 and 2 evaluates symptoms related to coronavirus anxiety, so they have equal value in assessing these symptoms and can be interchangeable. It is suggested to keep both items, because they evaluate different contents.

• "*However, independent samples t-tests revealed that there are significant differences*

between those who had higher scores on anxiety (≥ 10), depression (≥ 14), and stress (≥ 19)

scales (N = 54, MD = 2.37, SD = 2.54), and those who did not (N = 251, MD = 1, SD =

1.69) in CAS scores, t (303) = 4.90, p < 0.001."

This statement is confusing. Had the authors performed this analysis separately for the depression, anxiety and stress subscales? If so, please report that with detail on the test statistics and probability values for association between each DASS subscale and COVID-19 anxiety score.

Answer: as it is mentioned, analysis was performed between individuals with high scores on anxiety, depression, and stress and those who did not. A separate analysis was not conducted for each subscales.

• *Though the differences in mean anxiety scores were compared with t tests, it would be interesting to look at the results from discriminant analysis.*

Answer: thanks for the suggestion. Our main goals are not assessing the differences between groups from the discriminant analysis point of view.

General suggestions:
• *Through the length of the manuscript, the Persian version of CAS has to be identified in such a manner that highlights the fact that this scale is a translated version of CAS. Occasionally the acronym CAS has been used in the manuscript to describe the Persian version.*

Answer: all Persian version of CAS used in the text were changed to P-CAS.

• *Through the length of the manuscript the expressions stress, anxiety, and fear have been occasionally used interchangeably. While the synonymous usage of these expressions in common parlance is understandable, given the distinct differences identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) it would be more appropriate to clearly distinguish between these expressions in the manuscript.*

Answer: Stress has been replaced with anxiety where it was appropriate.

• *Overall, the manuscript needs language re-check to address typos, and would benefit from thorough proof-reading.*

Answer: It was read, checked and corrected.

Reviewer 3
1- Keywords should be according to MeSH:

Answer: It was read, checked.

2- In the introduction paragraph 3 should be integrated with other paragraph : "Identifying high-risk individuals for having psychological symptoms is as significant as 49 diagnosing these symptoms because these individuals would be the target populations for 50 assessment and treatment. "

Answer: This part was deleted.

3- (Lee, 2020)… References should be in Vancouver format.

Answer: it was corrected.

4- the validity of this scale (α = 0.92)….is incorrect … reliability is correct

Answer: Answer: It was read, checked and corrected.

5- please follow the principles of academic writing

Answer: It was followed and corrected.

6- please explain this scale and the advantages of using this scale.

Answer: *The advantages of utilizing this questionnaire have been described in the "Objectives" section.*

" Despite more than a year has been passed since onset of COVID-19 pandemic and the development of various tools related to COVID-19 related stress and anxiety, the length of the current questionnaire, its standardization in different countries and Convergent validity of P-CAS with different tools, are standardization strengths of this questionnaire in Iran. Such instrument may be helpful for healthcare systems to identify the psychological impacts of COVID-19 on people and develop suitable treatment programs to manage the anxiety caused by the COVID-19 pandemic. Thus, the current study aimed to assess the psychometric properties of CAS (20) in Iran".

7- this paragraph is redundancy please delete this "The primary purpose of the current study was assessing the psychometric properties of CAS in an Iranian sample so, in addition to CAS, other measures were used in order to evaluate the validity of CAS The online survey included CAS, COVID Stress Scales (CSS), The short-form version of the Depression Anxiety Stress Scales (DASS-21), Whiteley index (WI), and Difficulties in Emotion Regulation Scale (DERS). Questionnaires with appropriate Persian psychometric properties were used in the present study".

Answer: it was corrected ." All participants were evaluated by five questionnaires: P-CAS, CSS, DASS- 21, Whiteley Index, and DERS".

8- Ethical committee approval code should be mentioned:

Answer: it was added: "The current study was approved by the ethics committee of Shahid Beheshti University of Medical Sciences.Tehran. Iran. (IR.SBMU.MSP.REC.1399.263)".

9- Potential sources of bias and ways to control it should be mentioned in the method section.

Answer: it was corrected: "In order to minimize the potential biases related to convenience sampling method which compromise the external validity, the questionnaire's link was sent to different virtual spaces which users were varied in terms of education and other demographic variables".

10- *Mention the missing data and how did analyze it.*

Answer: "Out of 320 participants, 15 individuals with more than 10% missing items were deleted from the analysis".

11- *The inclusion and exclusion criteria should be mentioned*

Answer: inclusion and exclusion criteria was added.

12- *In fig 1 error coefficients are missed*

Answer: error coefficients were added to fig 1.

13- *Reveal Convergent validity in table rather than in text*

Answer: table 2 was added which contain convergent validity results.

14- *In discussion: Compare your new findings with the findings of other previous studies.*

Answer: In the seventh paragraph, the differential validity of this scale with various tools is mentioned, which is one of the strengths of this study.

"The most robust finding of this study was the results of convergent validity. Traumatic stress had the highest relationship with P-CAS. This is an important finding because the P-CAS is a clinical screener designed to identify those who are probably suffering from clinical levels of anxiety and the fact that this is strongly correlated with a measure of extreme distress supports this perspective and it in line with the primary goal of developing P-CAS which is a mental health screener designed to find those few people who are really suffering"

15- *Mention possible explanations for consistency and inconsistent results of your studies with other previous studies.*

Answer: In the discussion section (the second and fifth paragraph), it is generally pointed out that the results of the current research are consistent with previous studies.

2 Revision 1

1 comment · 15 Oct 2021

Editor-in-Chief

ACCEPT 15 Oct 2021

We have completed our review of your manuscript and are pleased to inform you that it is considered for publication in the IJPBS. Note that the publication of your article will only be finalized upon your cooperation in the editorial process.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.