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OPEN PEER REVIEW

Generalized Anxiety Disorder 7-Item Scale and Templer's Death Anxiety Scale in Iranian Inpatients with COVID-19: Evaluation of Psychometric Properties and Diagnostic Accuracy

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

6 comments · 27 Nov 2020 – 23 Dec 2020

Referee 1 Reviewer

MAJOR REVISION 27 Nov 2020

Hello
Introduction
Today, everyone has a good idea about the COVID-19 pandemic. According to the research, it is suggested that the importance of the relationship of anxiety and death to COVID-19 be highlighted. In the introduction, anxiety is discussed a little, but death is discussed less.
Also, indicate in which diseases these scales have already been validated. Mention past and related studies that have done work similar to yours.
Method
Was the research the result of a dissertation? At which level? How?
Specify the type of sampling method and explain it in full.
It is recommended to delete the first item of the exclusion criteria due to duplication.
How did you measure the severity of the disease and the level of consciousness of the patients?
How was the sample size in the present study determined? Did you determine the sample size based on previous articles?
Given that the questionnaires were provided electronically to individuals, it is suggested that you include e-literacy and the ability to work with technology as inclusion criteria.
Were patients with underlying conditions such as heart attack, respiratory problems, or high blood pressure included in the study? Doesn't having other psychiatric illnesses affect participants' responsiveness? How does the author make sure that the anxiety and fear of death of these people are not due to other underlying diseases mentioned in the demographic information?
The Persian version of the questionnaire, the type of participants in previous studies, and the number of questions in the anxiety questionnaire should be mentioned.
The Persian version of the questionnaire, the type of participants in previous studies, the cutoff point, and how to score the questions of the Templer Death Anxiety Scale should be mentioned.
Discuss
The first paragraph of the discussion should be omitted or included in the introduction.
Avoid mentioning numbers in the discussion. Include the second and third paragraphs in the findings section.
Past articles have not been used to explain the study. Rewrite the discussion.
References and citations to articles should follow the article format.

Referee 2 Reviewer

MAJOR REVISION 28 Nov 2020

Dear Author/s
Hi
Thank you very much for choosing MEJRH to publish your paper. I read your paper carefully; however, I found some parts really difficult to follow, and some parts were written in a rush. Not only Iran but also the whole world needs such information. I do want to ask you to please take time, read your paper again and again, and please resubmit an academically sophisticated piece of work that could be taken into account by others.

I hope you do not get disappointed.
All the best

• There are lines in your paper that need rewording, revising, and editing. I provided some examples for you. But please remember they are just a few examples; the whole manuscript MUST be checked for grammatical and translation issues. Sometimes your meaning was lost in the literal translation. For example, check lines 86 to 98.
• You need to be consistent in your font and format.

a) Abstract
- In these lines: “anxiety disorders have been associated with adverse mental health consequences in affected patients”, do you mean: “ anxiety disorders and adverse mental health consequences have been associated with covid-19 symptoms in affected patients”? Anxiety disorder is one of the mental health issues.
- “Therefore, it is indispensable to obtain a valid tool for the evaluation and screening of patients with anxiety disorders.”: please revise these lines.
- Please remove this: “Keeping this in mind”.
- Be consistent in using “diagnostic accuracy” or “diagnostic validity”. I think one of them would work for the whole manuscript.
- Use a more common word instead of “stringent”.
- Your conclusion must be an interpretation of your data. In your case, you should state, according to your findings, whether your questionnaire had an excellent, good, acceptable, etc., level of diagnostic validity. And would you advise others to consider this questionnaire in their assessments?
b) Body text
- Your introduction should be rewritten. The whole introduction should be about the available questionnaires to evaluate anxiety, the availability of these tools, and why you chose this specific one.
- All numbers below 10 should be written in words, not figures.
- The way you wrote about the population and sample size is quite weird. The whole country was your population, and you ended up with only West Azerbayjan and Semnan?!
- Even the argument for reaching 150! Please provide a better and more scientific approach.
- Where did this sentence come from? “This cross-sectional study examined generalised anxiety disorder and death anxiety using the internet and social media. Anyone who used any kind of social network had access to the survey and was able to click on the link to complete the questionnaires. They included demographic information form, the general anxiety disorder questionnaire, and death anxiety questionnaire developed by Templer”. Did you not write about anxiety in COVID-19 patients?
- Line 107: “the selection of participants”—this is not selection; you recruited participants.
- Please revise the whole materials & methods section.
- Please add who did your statistical analysis.
- You have written this sentence in the abstract, introduction, and discussion: “Therefore, it is indispensable to obtain a valid tool for the evaluation and screening of patients with anxiety disorders.”
- Lines 228-232 should be in your results; in the discussion, you are not allowed to include any of your figures. Instead, you should say what the figures in your results mean.
- What did you mean in lines 238-241?
- Lines 244 to 250 do NOT support each other.
- Lines 252 to 258 are not the conclusion of what you found. Rewrite your conclusion according to what you have really found in your study.
- Generally, please rewrite the whole discussion.
- Add a heading titled “Limitation” and then revise lines 284 to 299. With all these limitations, the validity of your study is in question.

- Check your references; some need further information. Besides, be consistent with journal names: use either their full names or their abbreviations.

Hamed Jafarpour Reviewer — MINOR REVISION — 9 Dec 2020

Many thanks to the editor for choosing me as a reviewer. The manuscript must be rewritten by a native editor to improve the writing and grammar.
Report the DOR index for each test.
The AUC index should be reported in the introduction.
In the introduction and keywords:
Identify the article as a study of diagnostic accuracy (recommend MESH heading sensitivity and specificity).
Specify missing responses or display them in the Flow of participants.

Referee 3 Reviewer — MAJOR REVISION — 22 Dec 2020

Hello and thanks for the comment
I read the article carefully and I think the subject is good.
However, due to some problems and ambiguities, it needs to be fundamentally revised and is not acceptable in its current form.
I have provided comments and questions in the attached file.
Regards

Associate Editor — MAJOR REVISION — 23 Dec 2020

According to the reviewer's comments, the manuscript needs major revision.

Editor-in-Chief — MAJOR REVISION — 23 Dec 2020

Dear Dr. Babakhanian
According to the reviewers' and associate editor's comments, your article requires major revision.

2

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.

comment	Reply to reviewer	line
There are liens in your paper that need rewording, revising and editing. I provided some examples for you. But please remember they are just few examples, whole manuscript MUST be checked for the grammatical and translating issues. Sometimes your meaning was lost in the literal translation. For example, check lines 86 to 98.	This article edited by an editor.	
Your need to have consistency in your font and format.	ok	
All numbers below 10 should be written in words not figures	ok	
In these lines: “anxiety disorders have been associated with adverse mental health consequences in affected patients”, do you mean: “ anxiety disorders and adverse mental health consequences have been associated with covid-19 symptoms in affected patients”? Since anxiety disorder is one of the mental health issues.	This sentence was corrected	Line 5-6
Therefore, it is indispensable to obtain a valid tool for the evaluation and screening of patients with anxiety	ok	Line 7

disorders.”: please revise these lines.		
Please remove this: “Keeping this in mind	We remove this: “Keeping this in mind	
A single consistent style must be used for terminology. For the disease and for the virus, you can use, respectively, COVID-19 and SARS-CoV-2.	ok	
- Be consistent to use “diagnostic accuracy” or “diagnostic validity”. I think one of them would work for whole manuscript.	This semester was integrated throughout the text	
Use a more common word instead of “stringent”	We used “exact” instead of “stringent”	Line 27 and line 299
Your introduction should be re-written. The whole introduction should be about the available questionnaires to evaluate the anxiety, availability of these tools, and why you chose this specific one	This paragraph was applied in the introduction.	Lines 80-85
- All numbers below 10 should be written in words not figures	ok	
The way you wrote about the population and sample size is quite weird. The whole country was your population and you ended up to only West Azerbayjan and Semnan?!	We used two hospitals in the west and east of the country to prevent place bias.	
Even the argument to reach 150! Please provide better and more scientific way	The minimum sample size required for sensitivity and specificity test was calculated by using PASS	Lines 108-116

	software (PASS 11 citation(: . -prevalence of disease:63% Ho = Hypothesis null: 0.50 H1 = Hypothesis: 0.70 Minimum sample size (N)=73 Maximum sample size (N)=122	
Where did this sentence come from? “This cross-sectional study examined generalised anxiety disorder and death anxiety using the internet and social media. Anyone who used any kind of social network had access to the survey and was able to click on the link to complete the questionnaires. They included demographic information form, the general anxiety disorder questionnaire, and death anxiety questionnaire developed by Templer”. Did you not write about anxiety in covid 19 patients	Our goal is to localize these two tools in the population of patients 19.	
Line 107: “the selection of participants” this is not selection, you recruited	. This phrase has been deleted	
Please revise the whole materials & methods	. Changes were made to this section	
Please add who did your statistical analysis	Dr.Abbas Ebadi and Masoudeh Babakhanian performed the analysis that mentioned in the “author contribution”section.	
You have written this sentence in abstract, introduction, and discussion: “Therefore, it is indispensable to obtain a valid tool for the evaluation and screening of	. This sentence was corrected	

patients with anxiety disorders		
- Lines 228-232 should be in your results; in discussion you are not allowed to bring none of your figures, instead you should say what the figures in your results mean	summarizing the basic findings of the studies in the first paragraph is generally recommended by the editors of the journals. Referevce: Şanlı Ö, Erdem S, Tefik T. How to write a discussion section? Turkish journal of urology. 2013;39(Suppl 1):20.	
What did you mean in lines 238-241?	The cutting points of this tool in other cultures and clinical populations have been compared with the results of our article.	
Lines 244 to 250 do NOT support each other	Was corrected	Line 253-260
Lines 252 to 258 are not the conclusion of what you found. Re-write your conclusion according to what you have really found in your study.	We added this sentence in the conclusion section: Also, The GAD-7 and DAS are both showed AUC of adequate diagnostic accuracy and hence are applicable for anxiety screening in patients with Covid-19.	Line 301 , 302
Generally, please re-write the whole discussion	We rewrite parts of the discussion section. In addition, we made grammatical corrections	
Bring a heading as “Limitation” and then revise lines 284 to 299. With all these limitations, the validity of your study is under question	a heading as “Limitation” added in to discussion section. We honestly pointed out the limitation of our work. in addition, we mentioned the strength of the this study.	
Check out your references, some need further information. Besides be	All references was checked.	

consistent for journals names: either their whole names or their abbreviations.		
In the introduction, anxiety is discussed a little, but death is less discussed. Also, indicate in which diseases these scales have already been validated. Mention past and related studies that have done similar work to you	OK	Line 69-73 discuss about death anxiety. Line 81-85 discuss about diseases these scales have already been validated.
-Was the research the result of a dissertation? which level? How	no	
-Specify the type of sampling method and explain it in full	We made modifications to the method section. We explained about the samples, sample size and input and output criteria of the samples	
It is recommended to delete the first item of the exclusion criteria due to duplication	ok	
How did you measure the severity of the disease and the level of consciousness of the patients?	With the approval of the treating physician for the patient's ability to participate in the test (3th criteria of inclusion criteria)	Line 106
How is the number of samples in the present study obtained? Did you get the number of samples based on previous articles?		Line 108-116
Given that the questionnaires were provided electronically to individuals, it is suggested that you include e-literacy and work with technology as	ok	

inclusion criteria		
Have patients with underlying conditions such as heart attack, respiratory problems, or high blood pressure been included in the study? Doesn't having other psychiatric illnesses affect participants' responsiveness? How does the author make sure that the anxiety and fear of death of these people are not due to other underlying diseases? As mentioned in the demographic information	We tried to use all types of samples in the study to avoid the selection bias.	
The Persian version of the questionnaire, and the type of participants in previous studies, as well as the number of anxiety questionnaire questions, should be mentioned	ok	Line 149 and line 158
The first paragraph of the discussion should be omitted or included in the introduction. Avoid mentioning numbers in the discussion. Include the second and third paragraphs in the findings section Past articles have not been used to explain the study. Rewrite the discussion.	summarizing the basic findings of the experimental studies in the first paragraph is generally recommended by the editors of the journals. Reference: Şanlı Ö , Erdem S, Tefik T. How to write a discussion section? Turk J Urol. 2013 Sep; 39(Suppl 1): 20–24. doi: 10.5152/tud.2013.049	
References and citations to articles should be set to article format	ok	
The title should reflect the study population. Since this study was conducted solely on hospitalized patients, the title of the article is somewhat misleading, because it does not refer to hospitalized	The word in-Patients, meaning hospitalized patients, was added to the title.	Line 1,2

patients, whereas the target population of this study was hospitalized patients.		
The abstract is not in accordance with the journal's format. According to the journal's requirements, it must be structured.	Corrected.	
The abstract is not in accordance with the journal's format. According to the journal's requirements, it must be structured.	Corrected.	
GAD or GAD7: a single consistent style should be used for terminology.	Corrected.	
This assessment was the study's gold standard for examining the diagnostic value of the two instruments. When was it performed? Were all assessments and questionnaires completed at the same time?	As soon as a patient was hospitalized with a diagnosis of COVID-19, the patient first completed the generalized anxiety and death anxiety questionnaires, and then a diagnostic interview was conducted by the research team's psychiatrist.	
Based on the gold standard method, or with the test?	With the tests. This was also corrected in the text.	
The entire text must be edited by a native editor for English grammar and writing.	Corrected.	
DEATH is not an appropriate word.	This keyword has been set exactly according to the MeSH Descriptor Data 2021 format.	
According to the World Health Organization's definition, this acronym should be written in capital letters. Correction is needed throughout the text.	Corrected.	
The structure of the sentence ". According to a new Morning Consult survey Morning Consult (2020),"	It was checked, and its error was corrected.	Line 64

should be checked.		
Does this acronym or abbreviation refer to the disease or to the virus? Is this combination used? A single consistent style must be used for terminology. For the disease and for the virus, you can use COVID-19 and SARS-CoV-2, respectively.	The corrections were made.	
The research aim is not well stated. Rewriting is necessary.	Rewritten.	Line 86-87
What was the reason for, and method of, selecting the hospitals?	We tried to make this selection from two regions, western and eastern Iran, so that the samples would not have a location bias.	
In longitudinal studies such as cohort studies, participants may enter the project with consent but, for whatever reason, withdraw from further participation at later stages, in which case this withdrawal can be considered an exclusion criterion. Was this the case in this study, given that patients' consent is mentioned in both the inclusion and the exclusion criteria?	Since this was an online cross-sectional study, a participant who did not wish to continue responding at any time could refrain from submitting the response link. This was explicitly stated in the first item of the exclusion criteria.	
Was informed consent obtained from the individuals in person?	Yes, and after the individual gave consent, the questionnaire link was provided to him or her.	
Does this mean in person?	The sentence was corrected.	Line 127-129
The methods need to be carefully rewritten and completed. How were the patients identified? What information was		Line 124-line 133

obtained from them in person? When did they sign the consent form? When and how was the psychiatric examination for diagnosing the disorder performed? For a definitive diagnosis based on the criteria of DSM was an examination actually performed? When was it performed? And if not, how was the diagnosis made? All of these points require a precise explanation.		
The fonts in the Word file are somewhat jumbled here; the PDF file was better. A short explanation of the indices should be given right here, and the general and somewhat incomplete explanations given in the Discussion should be removed from that section.		Line 174-188
State when you consider your instrument to have adequate sensitivity or specificity,		Line 177-178
and indicate right here what the likelihood ratio values mean for interpreting the results.		Line 184-185
Also mention how the Youden index was used.		Line 186-188
Factor analysis is used to examine construct validity, in other words the structure of the questionnaire. In this study, that was not the aim or the method of analysis. A method appropriate to the	In this study, we performed re-norming to determine the clinical cut-off points of the GAD-7 and DAS instruments in the population of patients under treatment. Since, according to similar studies,	Line 108-116

analyses performed should be used to determine the sample size.	the prevalence of anxiety in hospitalized coronavirus patients has been estimated at about 63%,	
How many items does this questionnaire have? State that it has 7 questions. It should be stated in this same section that the Persian version of the questionnaire was used for both instruments. Otherwise, the translation and face-validity steps need to be explained.	The points raised by the respected reviewer were applied.	Line 142-160
Explain precisely, with reference to time and place, how you assessed the diagnostic criteria of the disorder in the patients. This test is the gold standard for diagnosis and for obtaining the other indices. It is very important, but you have addressed it very little.		Line 161-166
This sentence is not correct, if the authors meant online questionnaires.	This sentence was corrected as follows: Online cross-sectional study	Line 119
The meaning of this sentence is also unclear. What was the verification of the patients' access to social networks? What was meant was not verification of access.	This sentence means that anyone who had access to any type of online social network could enter our study.	
Questions about underlying diseases or medical history are not considered demographic.	We reported underlying diseases and medical history in a separate table (Table 2).	Table 2
What is your interpretation of the area under the curve?	The interpretation was added to the Criterion Validity section.	218-220
Draw the tables in a better format, with a more appropriate font and more open cells and lines. The distance from the page	Corrected.	

margin should also be the same and standard in all tables.		
The information in Tables 4 and 5 is not essential. Summarize both in one table and keep only the row that indicates the optimal value.	Corrected.	
The explanations in the first paragraph of the Discussion are redundant; if the respected authors consider it necessary to refer to the aim of the study, a single reminder sentence is sufficient.	The extra explanations in the first paragraph were removed.	
The cut-offs of the instruments based on previous studies are not mentioned at all. It is very important to compare the cut-off in all patients with that in hospitalized patients.	The cut-off from a similar study in hospitalized patients with a diagnosis of epilepsy was mentioned for the GAD-7 instrument. However, no similar study determining the clinical cut-off point of the DAS instrument in hospitalized patients had been conducted so far that could be mentioned.	Line 256-258
The limitations should mention that the results of the study can be generalized only to hospitalized patients of known severity, not to all patients.	Done.	Line287
The final conclusion also does not arise from the study.	Corrected. However, while thanking the respected reviewer for this comment, I would like to draw the dear reviewer’s attention to the point that readers usually do not accept a repetition of the material and sentences written in the abstract and introduction as a good conclusion; rather, they seek an effective and expressive	Line 296-302

	message from the whole work. Therefore, the conclusion of a study should have the following features, which have been observed in this article: 1. Repetition of the main point 2. Stating the advantages of the research conducted 3. Creating a challenge in the reader's mind 4. Linking the work done to another important, larger research effort 5. Offering a solution	
So, what is the verdict? Are these instruments good and usable or not?	These corrections were made in the Conclusion section.	301-302
More precise explanations should be given in this regard based on the indices obtained, and these explanations should cover all the indices whose numerical results are reported in the Results section.	Done.	Line 244-247
There are many spelling and writing errors.	It was reviewed again.	
What does this word mean?	across the globe	Line 250
The manuscript must be rewritten in terms of writing and grammar by a native editor	ok	
Report DOR index for each test	ok	Table4
AUC index should be reported in the abstract	ok	Line21
In the abstract and keywords Identify the article as a study	ok	Line 2-3

of diagnostic accuracy (recommend MESH heading sensitivity and specificity ’)		
Specify missing responses or display it on the Flow of participants	most of the data were collected through cyberspace, we could not measure participation rates	

[Translated from Persian by the Brieflands editorial office.]

2 Revision 1

3 comments · 14 Mar 2021 – 16 Mar 2021

Mojtaba Soltani-Kermanshahi Reviewer

REJECT 14 Mar 2021

The manuscript has an interesting topic, but the text is very vague.

Associate Editor

MAJOR REVISION 16 Mar 2021

Dear authors
According to the reviewer's comments, the manuscript needs to be revised to address all comments clearly. However, it is strongly recommended that you have the article edited by a native English speaker and submit its confirmation letter as well as a point-by-point response letter to the reviewers' comments.

Editor-in-Chief

MAJOR REVISION 16 Mar 2021

Dear Authors
According to the reviewers' and associate editor's comments, your article requires major revision. Please respond to the reviewers' comments and submit the required files.

3

Revision 2

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.

Reviewer 1:
Dear Author/s
Thank you so much for submitting the revised manuscript named as "Generalised Anxiety Disorder (GAD-7) and Templer's Death Anxiety Scale(DAS) in Iranian in-Patients with COVID-19: Using diagnostic accuracy study for sensitivity and specificity" to the MEJRH. I read the whole manuscript again, and I am afraid to say it still has a large gap to fill and reach to the MEJRH's standards. I am trying to be positive and giving you another chance to work on your manuscript and increase its scientific features.
1) I clearly asked for in-depth editing, however, the whole manuscript is full of grammatical errors, your sentences have been translated superficial, and the meaning get lost in translation. Please consider with poor English writing, your manuscript would not go to the next stage. We edit the text and Attached the certificate of the edit native.
2) The second issue is in your title and your objectives in abstract, read both of them again. It looks something is wrong with one of these. The objective section was reviewed in the abstract .
3) Where did "AUC" come from in line 21? We wrote the origin of this word with an abbreviation and without an abbreviation.
4) Did you intend to provide cut off scores? Why did you NOT mention them previously? This aim was added in objective section in the abstract .

*5) Do you really think Covid-19 is a "this great epidemic,", or you had some thing else in your mind? Yes, Covid-19 Pandemic Outbreak is the greatest outbreak after 100 years following the Spanish Flu of 1918-1919 (excluding a few small-scale pandemics). (**reference**) But, we eliminate this phrase "this great epidemic".*

**Reference*: ŞEKER M. ÖZERProf A. OSUNAsst Z. KORKUTT C. DOĞRUL AM. The Assessment Report onCOVID-19 Global Outbreak. TÜBA, TÜBA Young Academy, and TÜBA Working Groups. July 2020. P 39.

6) You evaluated specificity, sensitivity and cut off score for two different scales, how did you come up with this conclusion: "Due to uncertainties surrounding the end of this great epidemic, Iran Ministry of Health should implement exact psychological interventions during hospitalization and after discharge in order to prevent the adverse mental health consequences of this disease"? This sentence changes to “it will likely be a few years before the virus can be brought under control worldwide.”

7) Introduction: This manuscript is about psychometric features of two scales, but the line of argues does not properly follow this aim. I do advise strongly please revise the whole introduction as such: define Covid-19 and the story of its pandemic, elaborate mental issues which come with pandemic viral infections, why we need paying attention to these mental issues, then highlight the paucity of valid & reliable tools to evaluate mental issues in such circumstances, and finish with your aims. Please remember your

aims here must be similar to your aims in abstract. You do need to provide review of literature in each part.

-The first two paragraphs is about the *define Covid-19 and the story of its pandemic.*

- The third and Fourth paragraph is about the *mental issues which come with pandemic viral infections.*

- Fifth paragraph is about Fifth *paucity of valid & reliable tools to evaluate mental issues in such circumstances.*

- The last paragraph *we add our aims.*

8) You can not make your exclusion criteria as opposite of your inclusion criteria.

We eliminate "unwillingness to participate in the study" from exclusion criteria

-the West Azarbayjan people talk Turkish not Persian, how did you use a Persian tool for Turkish people? Although , each region may have its own dialect. But the official language of the whole Iran is Persian.

Turkish people or (Turkish: Türkler), also known as Anatolian Turks (Turkish: Anadolu Türkleri), are a Turkic ethnic group and nation, who mainly live in Turkey country and speak Turkish, the most widely spoken Turkic language.

9) which one is right? "This online cross-sectional study" or "This diagnostic accuracy study", make it clear. This diagnostic accuracy study" is right. The text was also corrected.
10) Was "PCR test"introduced before? Yes, All patients that had positive PCR test and were admitted to the hospital were identified.
11) Your statistical analysis revealed you have done a lot even more than your aims, please re-write your aims and your title to cover all works you have done. The title and objectives of the study were modified.
12) Lines 201-202 "with definitive diagnosis of COVID-19 who had the willingness and ability to participate in the study" are redundant, please remove them. We removed it.
13) Please start your discussion with your main findings and interpret them, please do NOT repeat your aims. In the start of our discussion with our main findings , we removed aims.
14) Numbers belong to result section, in discussion interpret figures and numbers. Talk with words, I mean when you found 0.88 for reliability in your result section, in discussion say what this figure means. And then compare such finding with similar studies. We revised and modified this paragraphs.

15) Most of your discussion is a mixture of different things, example: "Moreover, it was found that females reported higher levels of generalized anxiety and death anxiety, compared to males. These two instruments have been translated into many languages across the globe(26-

29). Depending on the culture and target population, cut-off points of GAD251 7(2)and DAS questionnaires were reported as 8 and 7(2), which is in line with the results of the present study(25, 30). Native versions of these two scales are available in Iran(14, 31-33)." what are these sentences telling us? We revised and modified this paragraphs.
16) I can not find relationship between lines 261-273 and your findings! discuss your findings and please do not talk about something that was not in your scope. We revised this paragraph.
17) Please re-write the whole discussion considering your own findings not. ok
18) Your conclusion does not follow what you have done. Please speak about the psychometric features of these two scales. This section revised.
19) Check out all your references
Best of luck
Reviewer 2:
1. Modify the title: The full-scale names should be stated in the title and abbreviations should not be used in the title. The following title is suggested:ok
The 7-item anxiety scale Generalized Anxiety Disorder and Templer's Death Anxiety Scale in Iranian in-Patients with COVID-19: Using diagnostic accuracy study for sensitivity and specificity;ok

the title was corrected according to dear reviewer comment. Since we evaluated the Psychometric properties, we add this phrase to title. Also, abbreviations removed of title.
Review:
Use the magazine format. ok
*Generalized anxiety disorder (GAD-7) is wrong. The correct one is the 7-item anxiety scale Generalized Anxiety Disorder. Be corrected. According to the original article for this tool, the name of this tool is "*Generalized anxiety disorder 7-item (GAD-7) scale*". We corrected this with this phrase in title and text.*
reference: pitzer R, Kroenke K, Williams J. Generalized anxiety disorder 7-item (GAD-7) scale. Arch Intern Med. 2006;166:1092-7.

Match keywords {Area under the curve} with Mesh.ok
Reliability should be added to the keywords. ok

Statement of the problem
In stating the problem, it is suggested to explain the importance of anxiety and death. Do you mean post-illness anxiety or pre-illness anxiety? What does death mean to this group of people?
Is the only necessity of conducting this study that these questionnaires have not been evaluated in this population? Explain a little

findings
What was the age range of patients? We add "mean age" and "age range" in the text.

Why is age not considered as an entry criterion? due insufficient understanding of age influences on symptom presentation and diagnostic status in generalized anxiety disorder(GAD), We could not consider "age" as an entry criterion.

Reference: Miloyan B, Byrne GJ, Pachana NA. Age-related changes in generalized anxiety disorder symptoms. International psychogeriatrics. 2014;26(4):565-72.

The city of some participants is Damghan and not Semnan. The main authors of this study are residents in Damghan.

Indicators

Attach the certificate of the native nature of the text. *We edit the text and Attached the certificate of the edit native.*

Reviewer 3:

The manuscript has an interesting topic but the text is very vague. *We edit the text and Attached the certificate of the edit native*

3 Revision 2

4 comments · 18 May 2021 – 16 Jun 2021

Referee 2 Reviewer

MINOR REVISION 18 May 2021

Dear Author/s
Hi,
Thank you very much for all your great efforts. Your manuscript looks much, much, much better! Well done. I found minor issues in your manuscript, and I hope you can resolve them before the EIC makes a concrete decision.
Best of luck

1. Please replace "using" in the title with "evaluating", and please write all numbers below 10 in words in the text. I mean, instead of a numeral such as '3', write 'three'.
2. Line 10: Instead of "providing", use "to provide".
3. Line 57: Correct the sentence: instead of "it spread", use "it spreads".
4. Line 59 & 60: "The lack of sufficient information on this new virus gave rise to this panic and stress" is vague. Please revise it.
5. Line 72: Instead of "more research is", write "further studies are".
6. Line 74-78: "Coronavirus has occasioned expected expansions in death anxiety. misfortunes of monetary, social, and individual security. about death anxity is for all. Since, passings are happening 76 without typical connection . Social separating and lockdowns of networks have restricted admittance to kin, guardians, and dear companions. These connections are problem basic in directing our responses to death" is difficult to follow. Please consider your punctuation and revise these sentences.
7. Line 84: This sentence is wrong: "Regardless of whether COVID -19 is an great epidemy(9),". "great" in English does not mean what you had in mind. I mentioned this before. Check the synonyms and antonyms and find a better replacement. Besides, "an" does not precede a consonant but precedes some English vowels.
8. Line 96-97 is difficult to follow: "Early studies suggest that fears of death, predict anxiety about the coronavirus that is shown to predict broader psychological distress in patients". Please revise it.
9. Line 101-102: Remove this: "this scale can be introduced as one of the clinical tools for measuring anxiety in patients with COVID-19."
10. Line 113-114: "having a minimum electronic education to be able to answer the questions": replace with "Be familiar with electronic education …".
11. Line 114-115: "alertness with approval of the treating physician for the patient's ability to participate in the study." I could not understand what you mean.
12. Line 117: "inability to take the test": I do not understand.
13. Line 136: "the link of the questionnaires was sent to them": replace with " the examiner sent the link of the questionnaire".
14. Line 137: "a Master's degree": replace with "a master degree in ???".
15. Line 137-138: "provided the hospitalized patients with the link to GAD-7 and DAS questionnaires" is difficult to follow.
16. Line 140-141: "The psychiatrist was interviewed immediately after completing the questionnaire": replace with "The psychiatrist interviewed each patient immediately after completion of the questionnaire according to the DSM-IV diagnostic criteria".
17. Remove line 142-143.
18. Line 156: Replace "ranges" with "has a range".
19. Line 171-172: "After completing the questionnaire": replace with "after completion of …".

20. Line 173-174: “Lifetime and current (within the past 6 months) presence of four disorders was assessed in all the patients: general anxiety disorder, panic disorder, social phobia, and agoraphobia present study assessed the presence of anxiety” has repetitive phrases.
21. Line 215-217: “The largest number of patients with generalized anxiety disorder (60%) and death anxiety (64%) were females.” This needs revision.
22. Line 222: “Cronbach's alpha coefficient was used to determine internal consistency” is repetitive.
23. Discussion: Line 247-251: “The reliability of both GAD-7 and DAS questionnaires was assessed using Cronbach's alpha and found to be 0.88 and 0.74, respectively,. Based on the cut-off points with the best balance, GAD 7 questionnaire had 61.9% and 86.9% sensitivity and specificity, respectively. Also, the values of 47.8% and 73.8% were obtained for the sensitivity and specificity of the DAS scale, respectively. Furthermore, We found acceptable Youden index, but poor +LR and a high –LR” is a repetition of your results. Please interpret your data! For example: The present study indicated that Gad-7 and DAS questionnaires have good reliability. The GAD 7 is able to detect patients with 61.9% accuracy …
24. I am not satisfied with your discussion. MAGNIFY YOUR MAJOR FINDINGS, but do not repeat figures and numbers. You have four aims for two scales, but I cannot find the interpretation of each finding.
25. Line 258: “Native versions of these two scales are available in Iran(17, 33-35)” is repetitive.
26. “The patients have accepted their disease and only a clinical interview can help to identify the disease with more accuracy.” What do you mean?
27. Remove line 276-280.
28. Revise line 281-298: too long, repetitive & …
29. Check these references: 2, 4, 5 (page numbers need a hyphen), 9, 10, 17 (abbreviation of the journal’s name), 18, 20, 21, 23, 26, 27.

Referee 1 Reviewer — ACCEPT — 20 May 2021

It's OK.

Associate Editor — MINOR REVISION — 14 Jun 2021

Dear authors
Thank you for submitting the manuscript to MEJRH.
According to the reviewer's comments, the manuscript requires minor revisions.
Also, please review and correct the following:
- Provide the link for your ethics code.
- Please keep the references up to date; sometimes references date back to even 2000.
- "No conflict is reported from the authors": What do you mean? Please refer to the following section to complete this section:
Instructions for Authors - submission - Publication Ethics: Rules and Policies - Conflicts of Interest (CoI)

Editor-in-Chief — MINOR REVISION — 16 Jun 2021

Dear Authors
Thank you for improving the quality of the article. Based on the reviewers’ and associate editor’s comments, your article needs minor revision. Please respond to the reviewers’ comments and submit the required files. In addition, please cite two related articles published in the MEJRH. In addition, some grammatical problems

are still observed in the manuscript. It is suggested that the article be edited by a native English-speaking editor and that you send the confirmation letter to the journal.

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Revision 3

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.

Reviewers' Comments:

The responses to the respected reviewer's comments are highlighted in yellow in the text. The re-editing of the manuscript text is shown with Track Changes.

Reviewer 1:

1. Please replace "using" in title with "evaluating" and please write all numbers below 10 with letters in text, I mean instead of a figure such as '3', write 'three'.ok. lines 22,104,156,157, 189,190, 239,245, 268.
2. Line 10: instead of "providing" use "to provide".ok. line9.
3. Line 57: Correct the sentence: instead of "it spread" use "it spreads".ok. line 56.
4. Line 59 & 60: "The lack of sufficient information on this new virus gave rise to this panic and stress" is vague, please revise it.ok. lines 57-60.
5. Line 72: instead of "more research is" write "further studies are".ok. line74.
6. Line 74-78: "Coronavirus has occasioned expected expansions in death anxiety. misfortunes of monetary, social, and individual security. about death anxity is for all. Since, passings are happening 76 without typical connection . Social separating and lockdowns of networks have restricted admittance to kin, guardians, and dear companions. These connections are problem basic in directing our responses to death" are difficult to follow. Please consider your punctuation and revise this sentences. Ok. Lines 78-81.
7. Line 84: this sentence is wrong: "Regardless of whether COVID -19 is an great epidemy(9),", "great" in English does not mean what you had in your mind. I mentioned this before, check the synonyms and antonyms and find a better replace. Besides, "an" does not proceed a consonant but some English vowels. Ok. Line 87.
8. Line 96-97 is difficult to follow "Early studies suggest that fears of death, predict anxiety about the coronavirus that is shown to predict broader psychological distress in patients", please revise it. Ok. Line 100,101.
9. Line 101-102: remove this "this scale can be introduced as one of the clinical tools for measuring anxiety in patients with COVID-19."ok
10. Line 113-114: "having a minimum electronic education to be able to answer the questions": replace with "Be familiar with electronic education …"ok. Line 116.
11. Line 114-115: "alertness with approval of the treating physician for the patient's ability to participate in the study." I could not understand what you mean. This sentence was corrected.. line 117.
12. Line 117: "inability to take the test" I do not understand. This sentence was corrected. Line 119.
13. Line 136: "the link of the questionnaires was sent to them"

replace with " the examiner sent the link of the questionnaire".ok. line 138.
14. Line 137: "a Master's degree" replace with "a master degree in ???" This sentence was corrected. Line 139.
15. Line 137-138: "provided the hospitalized patients with the link to GAD-7 and DAS questionnaires" is difficult to follow.ok. line 140.
16. Line 140-141: "The psychiatrist was interviewed immediately after completing the questionnaire" replace with: "The psychiatrist interviewed each patient immediately after completion of the questionnaire according to the DSM-IV diagnostic criteria".ok. line 142-144.
17. Remove line 142-143.ok
18. Line 156: replace "ranges" with "has a range"ok. Line157.
19. Line 171-172: "After completing the questionnaire" replace with "after completion of …"ok.line 172.
20. Line 173-174: "Lifetime and current (within the past 6 months) presence of four disorders was assessed in all the patients: general anxiety disorder, panic disorder, social phobia, and agoraphobia present study assessed the presence of anxiety" has repetitive phrases. This phrase was corrected. Line 174-176.
21. Line 215-217: "The largest number of patients with generalized anxiety disorder (60%) and death anxiety (64%) were females." Needs revision. Ok. Lines 217-218.
22. Line 222: "Cronbach's alpha coefficient was used to determine internal consistency" is repetitive. We removed this sentence..
23. Discussion: Line 247-251: "The reliability of both GAD-7 and DAS questionnaires was assessed using Cronbach's alpha and found to be 0.88 and 0.74, respectively,. Based on the cut-off points with the best balance, GAD 7 questionnaire had 61.9% and 86.9% sensitivity and specificity, respectively. Also, the values of 47.8% and 73.8% were obtained for the sensitivity and specificity of the DAS scale, respectively. Furthermore, We found acceptable Youden index, but poor +LR and a high –LR" is a repetition of your results. Please interpret your data! For example: The present study indicated that Gad-7 and DAS questionnaires have good reliability. The GAD 7 is able to detect patients with 61.9% accuracy ….. This phrase was corrected. Lines 258-262.
24. I am not satisfied with your discussion, MAGNIFY YOUR MAJOR FINDINGS but do not repeat figures and numbers. You have four aims for two scales but I cannot find the interpretation of each findings. The second and third paragraphs are about the main findings of the study and the other paragraphs are about the sub-findings of the study.
25. Line 258: "Native versions of these two scales are available in Iran(17, 33-35)" is repetitive. We removed this sentence.
26. "The patients have accepted their disease and only a clinical interview can help to identify the disease with more accuracy." What do you mean? This phrase was corrected. Lines 269-271.
27. Remove line 276-280. We removed this sentence.
28. Revise line 281-298, too long, repetitive & … This phrase was corrected. Line 292-309.
29. Check these references: 2, 4, 5 (page numbers need hyphen), 9, 10, 17(abbreviation of the journal's name), 18, 20, 21, 23, 26, 27

Reference 2 has no page numbers.

Reference no. 9 is a report and has not been published in a specific journal.

Reference no. 10 is a book.

The name of the journal in reference no. 17 has no abbreviation.

Reference no. 21 is a book.

Associate Editor's Comments:

Associate Editor 1:
Dear authors
thank you for submitting the manuscript to MEJRH.
According to the reviewer's comments, the manuscript needs to be revised minorly.
Also, please review and correct the following:
- Provide your link for the ethics code.OK. line 320.
- Please keep the references up to date; Sometimes references date back to even 2000. All *references* before 2000 were updated, except r*eference*18, which was related to the original article of the DAS Questionnaire tool.
- "No conflict is reported from the authors" what do you mean? Please refer to the following section to complete this section:
Instructions for Authors - submission - Publication Ethics: Rules and Policies - Conflicts of Interest (CoI).OK

EIC Decision:

Dear Authors
Thank you for the improvement of the quality of the article. According to the reviewers and associate editor's comments, your article needs to be revised minor. Please respond to the reviewers' comments and submit the required files for up to two months. In addition, please cite two related articles published in the MEJRH. In addition, some grammatical problems are still observed in the manuscript. It is suggested that the article is edited by the native editor and send the confirmation letter to the journal

[Translated from Persian by the Brieflands editorial office.]

4 Revision 3

3 comments · 10 Jul 2021 – 11 Jul 2021

Referee 2 Reviewer

ACCEPT 10 Jul 2021

Well done.

Associate Editor

ACCEPT 11 Jul 2021

Thanks to the authors for revising the manuscript. The manuscript is ready for publication now.

Editor-in-Chief

MINOR REVISION 11 Jul 2021

Dear Authors
Thank you for improving the quality of the article. However, some grammatical problems are still observed in the manuscript. It is suggested that the article be edited by a native English-speaking editor and that the confirmation letter be sent to the journal.

5

Revision 4

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.

Dear Editor

- The text was edited natively and highlighted in color.
- In this Research article, We don’t have Fig2 and the maximum Number of illustrations/Tables is 5.

5 Revision 4

1 comment · 28 Jul 2021

Editor-in-Chief

ACCEPT 28 Jul 2021

Dear Authors
We are pleased to inform you that your article is accepted for publication in the MEJRHS. We hope to receive other qualified articles from your group.