OPEN PEER REVIEW

## Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

## What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

## 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
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Shiraz E-Medical Journal
Article DOI: 10.5812/semj.107797
Published in: Shiraz E-Medical Journal: 22(9); e107797

# Peer Review Report for "Oral Health Awareness and Practices of Special Needs Caregivers in Qatif, Saudi Arabia"

**Author(s):** Khalifa S. Al-Khalifa, Amal Alfaraj

## Review Timeline:

Submit Date: 22 Jul 2020
Revised Date: 9 Nov 2020
Accepted Date: 22 Nov 2020

**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) — 25 Jul 2020

Dear AE,
1. How about the number of questions, number of questions in each dimension, scoring, validity, and reliability of the questionnaire?
2. How the type of disability that the caregivers' dependents had was grouped into four categories?
3. How about inclusion/exclusion criteria?
4. There was no information about sample size calculation.
5. Inferential analyses were carried out using which tests?
6. Reporting exact P-value is necessary.
Thanks.

**REFEREE**: Associate Editor | **Revision** (0) — 15 Aug 2020

Dear EIC,
The article needs a revision from a statistical point of view. The authors need to explain the importance of their findings for an international audience and how their findings are applicable to other regions and countries.
Thanks.

**REFEREE**: EIC | **Revision (0)** 19 Aug 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

Thanks.

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.

**Reply to the reviewers' comments**

**We thank the reviewers for their valuable feedback. We are attaching a table responding point by point to reviewers' comments. We would like to draw your kind attention that page and line numbers may have changed as we address the reviewers' comments.**

| Original comments of the reviewer | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|
| *How about number of questions, number of questions in each dimension, scoring, validity and reliability of the questionnaire?* | The questionnaire was validated by conducting a pilot study (validated by a pilot study of a sample of 10 caregivers to ensure that the questionnaire had a proper presentation, was easy to understand, and could be completed in reasonable time by the target group).<br>Please bare in mind that the original questionnaire was in English and then it was translated to Arabic and back translated to English to ensure the validity of the questionnaire.<br>The number of questions for each dimension was determined to measure the needed information for each section. Scoring was based on a yes/no/ I don't know method as seen in the descriptive table. | Please refer to line 96,97,98<br><br>Tables 1-5 |
| *How the type of disability that the caregivers' dependents had was grouped into four categories?* | According to the International Classification of Functioning, Disability and Health | Please refer 101-107 |
| *How about inclusion/exclusion criteria?* | Inclusion/exclusion criteria mentioned | Please refer to 86-89 |
| *There was no information about sample size calculation.* | Sample size was not calculated because we approached all of the caregivers in Qatif city and only 186 accepted to participate. | |
| *Inferential analyses were carried out using which tests?* | We used Chi Square test | Added to line 112 and 211 |
| *Reporting exact P-value is necessary.* | Exact p-values have been included in the text as requested. | Changes made to the results section |

**Reply to the Associate Editor's Comments:**

We thank the Associate Editors for their valuable feedback. We are attaching a table responding point by point to the comments.

| Original comments of the Associate Editor | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|
| *The article needs revision from statistical point of view.* | Tables and results were reviewed by a statistician and the reviewer's comments were addressed | Changes made to the results section |
| *The authors need to explain the importance of their findings for international audience and how their findings is applicable for other region and countries* | Although this study was conducted among residents of a single province in Saudi Arabia, its findings may have implication for other countries and settings with features similar to those in Qatif. In cities and regions like Qatif, a large proportion of caregivers of individuals with special health care needs may not have good knowledge and awareness of proper oral health practices, and deliberate actions may be required to optimize this. Also considering the influence of the level of education of the caregivers on the oral health outcomes of their wards, it will be important to consider potential literacy improvement approaches or at the minimum, provide necessary oral health education to caregivers in a manner that is easily understandable regardless of literacy levels. | This was added to the discussion section before conclusion<br><br>Conclusion wad made more general |
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**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) 13 Oct 2020

Dear AE,
The idea of conducting research among caregivers of the special needs population regarding oral health concerns is good. After going through the study following are my comments for the authors to improve the study
1. As you have modified the questionnaire instrument used in the study - it should be clearly mentioned in the study what are the changes made.
2. How was the forward and backward translation method was carried out.
3. Important Aspects of the instruments i.e validity and reliability are not mentioned appropriately.
4. There is a need to further improve the English to strengthen the manuscript.
Thanks.

**REFEREE**: Reviewer | **Revision** (1) 13 Oct 2020

Dear AE,
The paper is nicely written and approaches a subject of interest and relevant to the field; however, there are a few issues that needed to be addressed.
- Please proofread again the manuscript. I suggest a moderate English and grammar revision.
- Page 7 lines 69-70: The sentence is incomplete and makes no sense. Please revise the statement.
- Include the research hypothesis in the last paragraph of the “Introduction” section.
Thanks.

**REFEREE**: Reviewer | **Revision** (1) 14 Oct 2020

Dear AE,
I read with great interest this cross-sectional study on oral health related awareness and practices among caregivers of special health care needs individuals in Qatif, Saudi Arabia. I appreciate the effort made by the authors, but the current form of manuscript cannot be accepted for a peer reviewed journal until these major revisions are considered. Authors can benefit from comments to improve their manuscript.
- Title, Aims, and Abstract: The objective of the study is missing an important component that is outcome of the study, it states level of awareness but awareness of what? The

outcome specified in your title is ‘oral health awareness and practices’. In my opinion, your outcome should not be too broad, and remain consistent with title and objectives of the study. You could either measure oral health ‘knowledge, attitude, and practices’, or oral health awareness, attitudes, and practices. But the theme of your outcome should remain consistent throughout the study. You should also consider specifying the study design in the abstract or title.

Introduction:

- In lines 71, 72 again objectives need to be consistent. You cannot look at level of oral health awareness and the factors influencing oral health awareness in the same objective. This statement will make it two objectives because first you will look at the level of oral health awareness, and then you will look at how its associated with specific factors (sociodemographic, literacy, education etc). Objective of the study should be SMART (specific, measurable, achievable, relevant, and time bound).
- Line 60. You did not investigate the timing of the first dental visit as one of your variables.

Methodology:

- Line 110: Please specific full name of the software such as IBM SPSS version 20.
- Line 113: You did not hypothesize for a relationship or association, neither you calculate the magnitude of the relationship in any table. You can investigate association between your outcome and other independent variables, but you have to mention hypothesis that you want to test.

Results:

- Table 1: Demographic of study participants, I am wondering why you would include information about gender of individuals with special needs in this study when there is no connection with any of the objectives. I understand that type of special need could be important in ways that it could influence behaviour or practices of a caregiver, (which (although not tested in this study), for example, caregiver for individuals with physical disabilities could have more positive attitude compared to their counterparts. Self-efficacy and health literacy are other few important factors that could influence knowledge.
- Table 2: I would suggest changing oral health habits/findings to oral health conditions.
- Line 210, 211: First, you did not specify any hypothesis to test association between independent groups (variables) and knowledge (your outcome). Knowledge was not measured as a composite score. If you specify that you tested for association between age, gender, education with the level of knowledge items, then you have multiple outcomes, not one outcome. And This will change entire purpose of the study. I suggest making significant changes or consideration for Table 5 and interpretation of these results. Be vary of your outcome and independent variables. Whether education, gender, or age of caregiver is your outcome or is it knowledge.
- Line 214, 215, 216: There is significant differences in the responses to this question from two independent groups by education (less than high school vs high school or above), but you cannot say where the difference exists (unless you run post-hoc or more inferential statistics, such as logistic regression) just merely on chi square or who is more or less likely. Additionally, your outcome is not what fluoride does, it is just a component or part of how the outcome was measured. You did not measure awareness of knowledge of oral health as a composite score that you can compare which group is more or less likely. You are only looking at the differences which are significant for each response. I would recommend removing this statement.

Discussion:
- Paragraph six require major changes according to the flaws identified in the results above. Statements in the paragraph seven are also irrelevant of the results, given in Table 5 and does not support objectives of the studies.
- The last paragraph, Also consider your limitations, a low response rate may also limit the generalizability of your findings to your target population, that is caregivers in Qatif.
Thanks.

**REFEREE**: Reviewer | **Revision (1)** 14 Oct 2020

Dear AE,
I would like to express my sincere gratitude to you and your respectful editors for letting me review one of the manuscripts submitted in your esteemed journal. According to the opinions of previous reviewers, the article can be accepted after minor changes.
Best Regards

**REFEREE**: Associate Editor | **Revision (1)** 14 Oct 2020

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

**REFEREE**: EIC | **Revision (1)** 16 Oct 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

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.

**Reply to the reviewers' comments**

**We thank the reviewers for their valuable feedback. We are attaching a table responding point by point to reviewers' comments. We would like to draw your kind attention that page and line numbers may have changed as we address the reviewers' comments.**

| No. | Original comments of the reviewer | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|---|
| Reviewer 1: | The paper is nicely written and approaches a subject of interest and relevant to the field; however, there are a few issues that needed to be addressed.<br><br>Please proof read again the manuscript. I suggest a moderate English and grammar revision. | All comments of the reviewers were addressed including English and grammar revision<br><br>English proof can be seen in the green highlight | |
| Reviewer 1: | Page 7 lines 69-70: The sentence is incomplete and makes no sense. Please revise the statement.<br><br>Include the research hypothesis in the last paragraph of the "Introduction" section. | The statement was revised<br><br>Research hypothesis was added. | Page 4 Line 68-70<br><br>Page 4 Line 72-74 |
| Reviewer 2: | Dear author<br><br>The idea of conducting research among caregivers of special needs population regarding oral health concerns is good. After going through the study following are my comments to improve the study<br><br>1. As you have modified the questionnaire instrument used in the study - it should be clearly mentioned in the study what are the changes made. | The questionnaire was adapted from three previously validated surveys. | Page 5 Line 94 |
| Reviewer 2: | 2. How was the forward and backward translation method was carried out. | Two of the previously validated surveys were in Arabic (references 26 and 29). As for reference #15 only few questions were used that was translated | |
| Reviewer 2: | 3. Important aspects of the instruments i.e validity and reliability are not mentioned appropriately. | The use of previously validated surveys, and pilot testing the questionnaire on 10 caregivers | Page 5 Line 94-95 |
| Reviewer 2: | 4. There is a need to further improve the English to strengthen the manuscript. | All comments of the reviewers were addressed including English and grammar revision | |

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| | | English proof can be seen in the green highlight | |
| Reviewer 3: | Dear Professor. Bagheri Lankarani, I would like to express my sincere gratitude to you and your respectful editors for letting me review one of the manuscripts submitted in your esteemed journal. According to the opinions of previous reviewers, the article can be accepted after minor changes.<br>Best Regards | All comments of the respected reviewers were addressed | |
| Reviewer 4: | I read with great interest this cross-sectional study on oral health related awareness and practices among caregivers of special health care needs individuals in Qatif, Saudi Arabia. I appreciate the effort made by the authors, but the current form of manuscript cannot be accepted for a peer reviewed journal until these major revisions are considered. Authors can benefit from comments to improve their manuscript. | All comments of the respected reviewers were addressed | |
| Reviewer 4: | Title, Aims, and Abstract: The objective of the study is missing an important component that is outcome of the study, it states level of awareness but awareness of what? The outcome specified in your title is 'oral health awareness and practices'. In my opinion, your outcome should not be too broad, and remain consistent with title and objectives of the study. You could either measure oral health 'knowledge, attitude, and practices', or oral health awareness, attitudes, and practices. But the theme of your outcome should remain consistent throughout the study.<br><br>You should also consider specifying study design in the abstract or title. | The theme of the paper was modified to be consistent all through the manuscript: "oral health awareness and practices of special needs caregivers"<br><br>This was mentioned in the methodology: using a cross-sectional descriptive design | Page 1 Line 9 |
| Reviewer 4: | Introduction:<br><br>In line 71, 72 again objective need to be consistent. You cannot look at level of oral health awareness and the factors influencing oral health awareness in the same objective. This statement will make it two objectives because first you will look at the level of oral health awareness, and then you will look at how its associated with specific factors (sociodemographic, literacy, education etc). Objective of the study should be SMART (specific, measurable, achievable, relevant, | Objective was modified in abstract and introduction | Page 1 Line 6-8<br>Page 4 Line 75-77 |

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| | and time bound).<br><br>Line 60. You did not investigate timing of first dental visit as one of your variables. | <br><br>We mentioned “five question measuring caregivers’ awareness of dental visits and treatments” | <br><br>Page 5<br>Line 100-101 |
| Reviewer 4: | Methodology:<br><br>Line 110: Please specific full name of the software such as IBM SPSS version 20.<br><br>Line 113: You did not hypothesize for a relationship or association, neither you calculated magnitude of relationship in any table. You can investigate association between your outcome and other independent variables, but you have to mention hypothesis that you want to test. | <br><br>This was changed to IBM SPSS version 20<br><br>This was mentioned in the statistical analysis | <br><br>Page 5 Line 113<br><br>Page 5 Line 115 |
| Reviewer 4: | Results:<br><br>Table 1: Demographic of study participants, I am wondering why you would include information about gender of individuals with special needs in this study when there is no connection with any of the objectives. I understand that type of special need could be important in ways that it could influence behaviour or practices of a caregiver, (which (although not tested in this study), for example, caregiver for individuals with physical disability could have more positive attitude compare to their counterparts. Self-efficacy and health literacy are other few important factors that could influence knowledge.<br><br>Table 2: I would suggest changing oral health habits/findings to oral health conditions. | <br><br>Gender of individuals with special needs in this study<br>was removed from table 1.<br><br>Changed to oral health conditions. | <br><br>Table 1<br><br>Table 2 |
| Reviewer 4: | Line 210, 211: First, you did not specify any hypothesis to test association between independent groups (variables) and knowledge (your outcome). Knowledge was not measured as a composite score. If you specify that you tested for association between age, gender, education with level of knowledge items, then you have multiple outcomes, not one outcome. And This will change entire purpose of the study. I suggest making significant changes or consideration for Table 5 and interpretation of these results. Be vary of your outcome and independent variables. Whether education, gender, or age of caregiver is your outcome or is it knowledge. | As recommended, we have included the relevant hypothesis on which the study is based. The null hypothesis is that there is no relationship between the level of awareness and practices of special needs caregivers and caregiver sociodemographic factors.<br><br>In line with many of the published studies referenced in this study, knowledge of dental health practices was not treated as a composite score due to two reasons: (i) the items are significantly heterogenous, and (ii) the authors could not find a standardized tool in literature that | Page 5 Line 114 |

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| | | combined the various items as a composite outcome. Hence, going ahead to combine the various items in our questionnaire as a composite outcome for knowledge will be grossly inaccurate and may invalidate the study's findings.<br><br>Similar to the published studies reviewed and included in this study, each item related to knowledge was treated separately and assessed to determine if sociodemographic factors did increase or decrease participant knowledge of that particular construct.<br><br>We are looking at the following which was adjusted in the statistical section:<br><br>Bivariate analyses using chi square test were carried out to test the presence and magnitude of relationships between demographic factors and oral health awareness and practice related items.<br><br>We are assessing the presence of any association that might exist between the outcome variables and the demographic ones. | |
| Reviewer 4: | Line 214, 215, 216: There is significant differences in the responses to this question from two independent groups by education (less than high school vs high school or above), but you cannot say where the difference exists (unless you run post-hoc or more inferential statistics, such as logistic regression) just merely on chi square or who is more or less likely. Additionally, your outcome is not what fluoride does, it is just a component or part of how the outcome was measured. You did not measure awareness of knowledge of oral health as a composite score that you can compare which group is more or less likely. You are only looking at the differences which are significant for each response. I would recommend removing this statement. | Quite rightly, knowledge in this study was not treated as a composite outcome as earlier explained. As a result, various items of awareness were treated separately, and the levels of participant awareness of these constructs were then compared by sociodemographic factors.<br><br>The relevance of fluoride in oral health is one of the items around oral health that caregivers were expected to know, and the study assessed if any of the caregiver characteristics (age, gender, and education) had any significant association with their awareness of what fluoride does.<br><br>The authors have double-checked the statistical analyses done with biostatisticians who indicate | |

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| | | that the chi square test done is effective enough in showing the effect of caregiver education on awareness of fluoride (as shown in the relevant part of the cross-tabulations presented in Table 5). As can be seen, 64.3% of those with little or no education had the right knowledge about fluoride as compared with 84.2% of those with higher levels of education who do. | |
| Reviewer 4: | Discussion:<br><br>Paragraph six require major changes according to the flaws identified in the results above. Statements in the paragraph seven are also irrelevant of the results, given in Table 5 and does not support objectives of the studies.<br><br>Last paragraph, Also consider in your limitations, low response rate may also limit generalizability of your findings to your target population, that is caregiver in Qatif. | In line with responses to previous comments and changes made to the manuscript which makes the study hypothesis and outcomes clearer, the contents in the sixth and seventh paragraphs of the discussion are still valid, as they provide potential explanations for why the study found little or no associations between caregiver characteristics and awareness of oral health-related items/constructs.<br><br>Agreed. This has been mentioned in the limitation section | Page 24 Line 87-89 |

**Reply to the Associate Editor's Comments:**

We thank the Associate Editors for their valuable feedback. We are attaching a table responding point by point to the comments.

| Original comments of the Associate Editor | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|
| The manuscript should be edited for proper English grammar and writing. | All comments of the reviewers were addressed including English and grammar revision<br><br>English proof can be seen in the green highlight | |
| Abstract:<br>It is better to use MESH in selecting keywords. | MeSH terms were used for keywords<br><br>Caregivers, Awareness, Dental Care for Disabled, Oral health, Saudi Arabia | Page 2 Line 32 |
| Introduction:<br>The introduction should include the research hypothesis. | Research hypothesis was added. | Page 4 Line 72-74 |
| Methods:<br>If the questionnaire was translated, you must state it clearly.<br><br>The validity and reliability of the questionnaire were not mentioned correctly. | Two of the previously validated surveys were in Arabic (references 26 and 29). As for reference #15 only few questions were used that was translated<br><br>The use of previously validated surveys, and pilot testing the questionnaire on 10 caregivers | Page 5 Line 94-95 |
| Conclusion:<br>Discuss the limitations of the study | Limitations discussed in the last part of the discussion | Page 25-25<br>Line 81 -103 |

**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**: Reviewer | **Revision** (2) 2 Nov 2020

Dear AE,
This paper has the potential to be accepted, but some points have to be clarified before we can proceed and positive action can be taken. The reliability of the questionnaire should be checked.
Abstract
- “There was an overall response rate of 27%. The majority (64.5%) of the caregivers were females and 70.4% were educated up to a minimum of high school level. Up to 81.2% of the caregivers reported that dependents routinely brushed their teeth. Also, 84.9% of the caregivers know about fluoride and 77.8% understand that it helps prevent tooth decay..”. You only mentioned the percentage, please report the number of participants.
Introduction
- The introduction is relevant. Sufficient information about the previous study findings is presented for readers to follow the present study rationale and procedures.
Method
- The methods are generally appropriate, although the reliability of the questionnaire has not been declared.
Results:
- The results are merely extracted from the present study. The tables help a better understanding of the subject.
Discussion
- Investigation of new and important aspects of the report has been emphasized and their acquired outcomes have been stated.
- The discussion is based on study results.
- Strong points and limitations of the report have been outlined.
Conclusions:
- The conclusion of the study is stated clearly and comprehensively.
References
- New and valid references have been used.
- There is a sufficient number of references and existing researches in relation to the case report.
Thanks.

**REFEREE**: Associate Editor | **Revision** (2) 3 Nov 2020

Dear EIC,
Significant changes have been made to the article, but some changes are still needed before Publishing this article. The respected reviewer has pointed out some of these changes.
Despite the reviewers' repeated emphasis, unfortunately, the article still has too many grammatical and syntax errors. I corrected some of these flaws in the track change file! But it still needs to be checked by a grammar expert before publishing.
Thanks.

**REFEREE**: EIC | **Revision (2)** 8 Nov 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (3)

## Reply to Reviewers

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

**Reply to the reviewers' comments**

**We thank the reviewers for their valuable feedback. We are attaching a table responding point by point to reviewers' comments. We would like to draw your kind attention that page and line numbers may have changed as we address the reviewers' comments.**

| No. | Original comments of the reviewer | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|---|
| Reviewer 1: | Abstract<br>"There was an overall response rate of 27%. Majority (64.5%) of the caregivers were females and 70.4% were educated up to a minimum of high school level. Up to 81.2% of the caregivers reported that dependents routinely brushed their teeth. Also, 84.9% of the caregivers know about fluoride and 77.8% understand that it helps prevent tooth decay.." . You only mentioned the percentage, please report the number of participants. | The number of participants has been reported in the abstract. | Lines 16-23 |
| | Introduction<br>The introduction is relevant. Sufficient information about the previous study findings is presented for readers to follow the present study rationale and procedures. | No reviewer's comments on introduction. | |
| | Method<br>The methods are generally appropriate, although the reliability of the questionnaire has not been declared. | A Cohen's kappa coefficient reliability of 80% was achieved before launching the study. | Lines 95-96 |
| | Results:<br>The results are merely extracted from the present study. The tables help a better understanding of the subject. | No reviewer's comments on results. | |
| | Discussion<br>Investigation of new and important aspects of the report has been | No reviewer's comments | |

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| | emphasized and their acquired outcomes have been stated.<br>The discussion is based on study results.<br>Strong points and limitations of the report have been outlined.<br>Conclusions:<br>The conclusion of the study is stated clearly and comprehensively.<br><br>References<br>New and valid references have been used.<br>There is a sufficient number of references and existing researches in relation to the case report. | on discussion and conclusions.<br><br><br><br><br><br>No reviewer's comments on references. | |

**Reply to the Associate Editor's Comments:**

**We thank the Associate Editors for their valuable feedback. We are attaching a table responding point by point to the comments.**

| Original comments of the Associate Editor | Reply by the author(s) | Changes done on page number and line number |
|---|---|---|
| Associate Editor 1:<br><br>Significant changes have been made to the article, but some changes are still needed before Publishing this article. The respected reviewer has pointed out some of these changes.<br>Despite the reviewers' repeated emphasis, unfortunately, the article still has too many grammatical and syntax errors. I corrected some of these flaws in the track change file! But it still needs to be checked by a grammar expert before publishing. | All comments of the reviewers were addressed including English and grammar revision | |

**OPEN PEER REVIEW**

**Revision (3)**

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** (3) 19 Nov 2020

Dear EIC,
Due to the changes made in different stages of Review process, the article can be published.
Thanks.

**REFEREE**: EIC | **Revision** (3) 22 Nov 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.