

Point to point response:

Thank you for your consideration and great suggestions for the manuscript. Hereby our revised version.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

We have had a native English-speaking expert to polish the manuscript further as suggested

Conclusion: Accept (General priority)

Specific Comments to Authors: The article, which reveals differences in examining PPS in patients with type 1 diabetes and is dedicated to examining the interconnectedness of stress pain sensitivity and other stress measures in children and adolescents, is well thought-out and logical.

The paper mentions the score range of PPS and the cut-off point of high stress in adults, but lacks specific literature to prove the accuracy of the data.

Thank you for this point, we have now provided the literature to prove that point: "PPS-score ranges from 30 – 100 with values ≥ 60 being the cut-off point for high level of stress in adults, based on ROC curves [4, 5]."

It is mentioned that PPS altimeter is related to some stress measures in adults, and it is hoped that specific literature can be added to prove the accuracy of the described.

We acknowledge this point and some recent publications regarding the algometer have been added to further elaborate on the PPS algometer and its relations in adults:

The negative and missing correlations contrast the findings of Ballegaard et al. who in adults found significant correlations between PPS and physiological markers of stress (heart rate, blood pressure, pressure rate product)^[3], regulation of glucose metabolism in adults with type 2 diabetes^[5,6,7], survival in persons with ischemic heart disease^[8] and questionnaires regarding mental and physical health^[4].

The article describes the correlation analysis of gender differences in detail, complete details, but the lack of summary sentences, the level is not clear, the focus is not clear.

We agree and have now added a bit in the overall conclusion:

PPS-values were generally high compared to adults reflecting either measurement difficulties or hypersensitivity towards pain and the use of sex-specific scale was less relevant in the youngest age group.