

**Dear Editor,**

We highly appreciate your efforts and consideration of our manuscripts' as a possible publication and please convey our hearty thanks to the referee for his constructive and positive comments and suggestions. We have revised this manuscript carefully according to their suggestions. The details of the comments and their answer are given below.

**Editorial Office's comments and suggestions**

1. The "Author Contributions" section is missing. Please provide the author contributions.

**Response:** "Author Contributions" section has been added in the revised manuscript.

2. The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

**Response:** "Article Highlights" section has been added at the end of the main text.

3. PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list.

**Response:** PMID and DOI numbers have been added to each reference in the revised manuscript.

4. Please revise throughout.

**Response:** We have completely revised the manuscript according to the Editorial Office's comments and suggestions.

**Reviewer # 1:**

1. Though the study is novel and tried to evaluate the PTSD among general Chinese residents. Firstly, the study was done more than a year back, and due to ongoing pandemic evidences are changing with days. How this delay in journal processing of this paper is justified? I am not sure if the study replicated again, we will get similar or totally different findings.

**Response:** Thank you for your comment. Yes, this is true, this study was conducted in 2020, and data was collected from different age populations. We conducted this study when the covid-19 restriction was already lifted from Chinese Populations and life in

China was returned almost normal, universities, schools, public and private companies' offices were opened. Based on these circumstances, that was an ideal time to investigate the prevalence of PTSD among general Chinese residents. COVID-19 pandemic evidence is indeed changing with days in the world, but the covid-19 pandemic is already over in China and cannot create the same situation as last year. Therefore, our study results are novel and applicable.

First we submitted our article in World journal of psychiatry. Editorial board of world journal of psychiatry has evaluated our manuscript quality and suggested to transfer our manuscript to the "World Journal of Clinical Cases", for possible publication.

2. Secondly, how authors be sure about the real response obtained from the participants? was there anything to monitor so as not to get fake response? This is a big question, being more than 95% respondents showed score of more than their cut off value!

**Response:** This survey was conducted through WeChat, which is one of the most popular instant messaging and social media apps in China. The app has over one billion monthly active users as it is a complete app that users use on regular basis for texting, shopping, online taxi booking etc. As it is an active platform with millions of users, it has enabled the researchers to easily reach out to people from various demographics. Each WeChat ID is associated with a single Chinese national ID card/ and foreign people passport number. You can easily survey WeChat of people of different ages, races, religions, social ideologies, and so on. There is no chance of fake responses. We have mentioned what we received from the participants.

3. Lastly, how authors are sure that they got the true and single response from a participant. Rest part of the manuscript seems okay to me!

**Response:** This survey was conducted through WeChat, one of China's most popular instant messaging and social media apps, with over one billion monthly active users.

Only one Wechat ID can be used on a single mobile device. Previously, Wechat was used for thousands of online surveys in various fields, which are now available on PubMed (<https://pubmed.ncbi.nlm.nih.gov/?term=wechat>). For example, (1). Science

on Wechat published in Nature, (doi: 10.1038/s41592-020-0954-1), (2). The value of WeChat application in chronic diseases management in China.

3. Minor language corrections are needed.

**Response:** Language has been improved in the revised manuscript.

**Reviewer # 2:**

1. There are four tables. In tables 1 and 2, the percentage is enough to be described, such as in (). Table 1 and table 2 could unite one table.

**Response:** Table 1 and Table 2 have been combined in the revised manuscript. In addition, the percentage has been described as (%) in the revised table 1.

2. Table 3 and 4, the explanation of Sig, M, and SD is needed.

**Response:** The relative prevalence of post-traumatic stress symptoms is shown as mean and standard deviation according to participant demographics, which have been explained in the revised manuscript.

3. References are relatively old. Some references are to be updated if possible.

**Response:** References have been updated in the revised manuscript.

4. Minor language corrections are needed.

**Response:** Language have been improved in the revised manuscript.

**Reviewer # 3:**

Please avoid speaking in the first person. This is done throughout the manuscript (from the abstract onwards) -Correct the date on which the survey was conducted (it is 2021, not 2020) -Considering that you only investigated posttraumatic stress syndrome and that you recognize that as limitations, you did not investigate other neuropsychiatric disorders. I suggest changing the title to focus on what they investigated and obtained.

**Response:** We have revised the manuscript according to the referee's suggestions and recommendations.

2. Minor language corrections are needed.

**Response:** Language have been improved in the revised manuscript.

We revised manuscript according to the referee's recommendations. However, if still there is any mistake please inform us we will make it correct. Thank you again for your attention to these revisions.

Sincerely,

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