Dear Editor,

*BMC Public Health*

We thank the Editorial Team to allow us a third revision. We also thank both of the reviewers for their great contribution because we can see now that our manuscript has been improved in the light of their recommendations. We tried our best and made every effort to fully address the criticisms during this revision. During second revision, the English of the paper was edited by a native speaker, but we see there is still a problem as the reviewers stated. Therefore, in this revision the English of the paper was edited by another native English speaker.

The revisions according to the comments of the reviewers are as follows:

Reviewer: Richard Kravitz

**Major Compulsory Revisions**

1) We recognized the claim of the reviewer. According to the recommendation of the reviewer, we added some information in the results section of abstract in order to keep the accordance between conclusion and results. In addition to this, we also revised the “Conclusion Section” of the main body of the manuscript.

2) The reviewer said that “Here it is not strictly true that self reading had the "strongest" effect, rather it had the largest percentage of respondents who endorsed it as having a "high" effect. This is a subtle but important point; the statements as they stand could be misleading.” We recognized this claim and we revised all of the statements which could be misleading that the reviewer drew attention to in the whole body of the manuscript. (Can be seen especially in the 3. paragraph of the “Results Section”.)

Reviewer: Barbara Mintzes

**Minor Essential Revisions**

1) According to reviewers recommendation, the abbreviation SR was spelled out in the second paragraph of the manuscript.

1) In addition to the English editing during second revision, a comprehensive English editing of the paper was performed by another native English speaker.

2) As we mentioned in the “Methods”, the frequency of visits of SR was asked to the GPs as more than 1 per week – more than 1 per month and less frequent. It was further classified as more than 1 per month and less frequent in the analysis. Therefore this variable is a dichotomized “ordinal” variable. As both
of the variables are not continuous variables, we think that scatter plot graphic with a regression line is not appropriate. In addition to this, the information presented with Figure 1 was also discussed in the “Discussion Section”. Because of these issues, we think that existing of Figure 1 in the manuscript may be useful for readers.