Dear Dr. Makri

Thank you very much for your excellent review of our manuscript and reviewers` effective comments.

Reviewer (Melissa Napolitano)

Major Compulsory Revisions

- It is unclear how exactly the participants were recruited? 570 or 589 cases were recruited? What were the reasons for exclusion?

Reply: The estimated sample size for the program, as mentioned in the material and methods, was 188 subjects in the intervention and control groups. By estimation of 75% participation rate, at least 564 subjects should be recruited in the first phase of the population-based screening phase. Therefore in practice, we recruited 589 cases. This figure was mentioned in the result section. For prevention of conflict we omitted 570 from the revised version of the manuscript. Those women who had not history or evidence of angina pectoris, myocardial infarction, cerebral stroke, renal disease, severe arthritis, lung disease, or drug consumption were excluded. We included the above figures in the results section as the following.

Of the 589 women surveyed, 109 subjects who had history or evidence of angina pectoris, myocardial infarction, cerebral stroke, renal disease, severe arthritis, lung disease, or drug consumption were excluded. Of 480 women who remained, 385 subjects agreed to participate in the trial. They were randomly entered in the intervention group (179 cases) or the control group (179 cases). A total of 170 subjects in the intervention group completed 8-week program. They were compared with 165 age-matched women in the control group who returned for the required measurements in the second session.

- The description of the integration of the volunteers as part of the intervention delivery was unclear (when, how often, how many, individual format)?

Reply: All the requested informations were included in the intervention part of the material and methods section.

The members of Healthy Heart Trainer Group (HHTG) met the participants in a weekly schedule. They delivered EHH educational packages in their face-to-face weekly home-visits. Each participant had a total of eight 1.5-hour face-to-face educational interview sessions with her trainer. As previously mentioned, the trainers were community members who were offered four workshops for training in healthy lifestyle including the package of EHH.

- The authors need to be very careful to explain their modifications to CTM program..
Reply: This comment was included in the discussion section.

Chose to Move (CTM) program was designed to be delivered in a self-help format, without in-person supplementation; it was mainly a mail-mediated lifestyle intervention program (11). However, our study educational material was based on a revised CTM program but we added component of in-person contact with lay health educators. In a CBPR approach, we used community volunteers to deliver healthy heart physical activity packages to women.

- There is misrepresentation of the design of the Napolitano, et al (2006) investigation.

Reply: The correction was done in the discussion section.

- Limitation of reliance on self-report data and the lack of more objective measures should be mentioned.

Reply: We had mentioned these limitations in our discussion.

For feasibility, our study used self-reported data for physical activity behavior, a limitation for validating results. A prospective study by Blair et al, however, found that self-reported physical activity was the predominant predictive factor of cardio respiratory fitness among adults in all age and sex subgroups they analyzed (27). In addition, the questions that measured physical activity have been field tested and are used in the BRFSS: USA/CDC, 2002) and the Countrywide Integrated Non-communicable Diseases Intervention (CINID) program (20-21). Future studies should include some measure of fitness of women in the community, such as a 2-km walking test or the Rockport Walking Test for field settings (28).

Minor Essential Revisions

- There were a few typographical errors.

Reply: Additional proofreading of the manuscript was done.
Reviewer (Jantine Schuit)

Major Compulsory Revisions

- A total of 170 out of 480 subjects completed the program. So the authors should use the intention to treat protocol.

Reply: Really, Our presentation of the figure of the participants in the results section was misleading. Thus the sentences were changed as the following.

Of the 589 women surveyed, 109 subjects who had history or evidence of angina pectoris, myocardial infarction, cerebral stroke, renal disease, severe arthritis, lung disease, or drug consumption were excluded. Of 480 women who remained, 385 subjects agreed to participate in the trial. They were randomly entered in the intervention group (179 cases) or the control group (179 cases). A total of 170 subjects in the intervention group completed 8-week program. They were compared with 165 age-matched women in the control group who returned for the required measurements in the second session. Thus only 9 and 14 subjects in the intervention and control groups, respectively, were not compliant with the program.

Minor Essential Revisions

- Why the authors did not include the information on change in diet?

Reply: The intervention program was designed to permit women to easily incorporate physical activity into their lifestyle. Thus, during the first phase of the study (population-based screening, we did not use a standard 24-h recall diet questionnaire. Therefore, unfortunately the information on the change in diet was not available.

Best regards,
I. Nabipour, MD