Dear Editor,

Thank you for reviewing the case report titled “Psychological Morbidity, Sources of Stress and Coping Strategies among undergraduate Medical Students of Nepal”. The authors also thank the two reviewers for their comments and suggestions to improve the quality of the report.

The following are the point by point replies to the questions raised by the reviewers:

Reviewer: Babar Tasneem SHAIKH

Major Compulsory Revisions

1. There is no mention of reasons for refusals (24%) which is considered quite high in such study setting.

We have mentioned the reasons for refusals in the revised manuscript.

2. In basic demographics section, authors do not give gender distribution, nationality statistics, percentages of students living in hostel. All these variables are important while doing analysis of results.

Gender and nationality statistics have been mentioned in the results sections of the revised manuscript.

However a majority of the students in the college are expatriates and Nepalese are from different parts of the country. Therefore majority i.e. > 95% of the students are hostellites. Therefore we do not have a option of hostel etc in the questionnaire.

3. In section common coping strategies, authors must explain terms positive reframing, planning, acceptance, active coping and self distraction. As these terms are not universal in studies related to stress, these need proper explanation.

The terms have been explained and reference has been cited.

4. Title of paper is suggestive of coping strategies whereas in the end, no new or different coping strategies are suggested by authors with regard to their Nepalese setting.

We did not find any new or different coping strategies in our setting. The same has been mentioned in the revised manuscript.
**Reviewer:** Barbara Buddeberg-Fischer

**Major Compulsory Revisions**

The authors report data in terms of predictors (stress and coping strategies) and outcome variable (psychological morbidity). However the reported study is a cross-sectional study, which does not allow cause-and-effect conclusions. This point has to be mentioned in the abstract as well as in the discussion.

This limitation has been mentioned in both abstract and main manuscript.

They write in the abstract, section results, that the students of basic sciences have a higher psychological morbidity compared to others. In the main paper, section results, subsection psychological morbidity, they stated this difference as not statistically significant. This is contradictory.

Yes. The authors just mentioned which subgroups had a higher prevalence of Psychological Morbidity. The statistical analysis showed that some were significant whereas others were not. Similarly even nationality was not statistically significant.

The layout of the tables is not clearly arranged. Our suggestions to improve the layout are as follows:

Table 1 and 2 can be combined. In Table 2: it should be explained what means 'Quartiles' (is is a range or a interquartile distance?) The combination of Table 1 and 2 can be done in the following way: First column 'sources of stress', 2 - 4th column percentage of frequencies, 5 - 6th column median and interquartile distance of self-rated severity.

*Combined as suggested*

Table 4: the information should be comprised to the following columns: Column 1: variable, column 2 and 3 adjusted OR (95% CI) (univariate OR is not of interest, p-value is not necessary because of CI data)

Table 5: the same suggestions to improve layout as in Table 4.

*Both the tables are modified as suggested.*
The paper is too long compared to the importance of the information. It should be shortened in all parts.