Reviewer's report

Title: Self-evaluated anxiety in the Norwegian population: Prevalence and associated factors

Version: 0 Date: 18 Jan 2019

Reviewer: L. Vanbaelen

Reviewer's report:

Dear editors,

Thank you for inviting me to review this paper. I think the subject of the paper is of great importance. Indeed, self-evaluation of psychological distress could be complementary to diagnostic assessments. However, as the authors state, it is already known that anxiety tends to decline with older age (Alonso et al., 2004) and that neuroticism is strongly associated with anxiety (Kotov et al, 2010). Secondly, in my opinion there are some serious methodological and conceptual problems with the study.

My main objection to the study is the operationalization of 'anxiety'. (p.6) Please explain how anxiety was defined? In the present study, anxiety was one of a list of mental health problems. What were the other categories? Could it be that the other categories had an influence on people's decision to choose 'anxiety' or not?

On the question 'Do you have or have you had any of these problems? - Anxiety', if someone answers 'no', does that mean that this person has never been afraid in his entire life?

For Self-Efficacy, Life Orientation and Personality, the authors have used standardized tests. One would expect a similar battery of questions to test for anxiety such as the Beck's Anxiety Inventory (BAI) or the General Anxiety Disorder (GAD7). This can still be a form of self-evaluation, but it would be clear for the respondent what was meant by 'anxiety'. Please, justify.

Please also explain how respondents had to make a distinction between problematic and non-problematic anxiety (as in 'Do you have any of these problems?'). Or is anxiety anyway defined as a problem?

Moreover, the follow-up question is 'Have you sought help for your mental health problems?' Were people asked specifically to report help seeking for anxiety problems or in general for mental health problems? In the former case, 'anxiety with help-seeking' (e.g. p.12) does not necessarily mean 'anxiety with help-seeking for anxiety problems'. Please, clarify.
What was the rationale to keep 'having paid work' and 'undergoing education' in one category? First of all, as anxiety tends to decline with older age, the age difference between both categories could affect the results significantly. Secondly, respondents in the category 'undergoing education' will be significantly younger than the average population. One would expect anxiety to be much higher among this younger subpopulation compared to people with paid work. Indeed, as mentioned in the discussion, 'recent research on Norwegian students enrolled in higher education showed high levels of mental health problems (Nedregard et al., 2014)'. At the moment, there is no significant correlation between anxiety and employment (p=0.11). One would expect this to be the result of the fact that 'in education' is brought together with 'having paid work'. In our opinion there is reason to split up both categories.

Furthermore, (p.5) the authors state '53% had higher education compared to 41% in the general population' and '1.3% were without work compared to 4.4% in the general population'. And further: 'in terms of work status and education level we consider our sample fairly representative for the Norwegian population'. Can this statement be supported by a statistical measure?

On p.5 53% of the population had higher education. On p.9 it is 54% of the population.

Is there any need to provide p-values as well as 95% CI in the tables?

Please clarify how missing data were addressed.

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