**PERSONALITY TRAITS, INTERPERSONAL DIFFICULTIES, AND MENTAL HEALTH PROBLEMS OF KHAT USES AND NON-KHAT USERS: A COMPARATIVE STUDY**

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**All the changes that suggested or questions that asked were responded, and below are the inquiries and their answers.**

* What is the biochemical active ingredient of Khat?
	+ The answer is in page 3, line 28 to34
* Sampling method and procedure is not clear. Stratified random sampling was employed, but the details of the sampling method are not provided such as, the basis on which the stratums were formed. Moreover, it is not mentioned how the participants were approached? Was the data collected in Somalia or in Pakistan? If in Somalia, was it an online survey? Provide details.
	+ We elaborated more the sampling and the procedure. All the changes are bold and in page 7 to 10, line 98 to 104, 111 to 132, 148, 149, 153 to 167.
* As KIDS is a newly developed scale, it is important to cite previous researches that have used this scale. It is also important to state whether the scale has been adapted and validated for the Somali population. In line 91, The language of the scale is also not mentioned. Was it administered in English, Somali or Arabic language? The language of the other scales i.e, Eysenck Personality Questionnaire Revised- Short Form (EPQRS-S) and DASS is also not mentioned.
	+ KIDS is part of my Ph.D. project, which was built because there was no other scale available to measure the interpersonal difficulties that experienced by Khat or other substance users. In method session, I also mentioned the procedure I used to develop the scale on page 8, line 111 to 132. On the other hand, all the scales used were in an original form that written in the English language.
* How khat users were differentiated form non-khat users? What was procedure for screening? Was the screening based on Biological or psychological factors?
	+ The Khat users and non-Khat users were differentiated on the bases of chewing Khat, and the detail is on the produce session in page 9, line 159 to 162.
* It is not appropriate to use the word “addicts”, as it stigmatizes or labels the person in a negative way. Dependent or with addiction would be more appropriate terms to use. Rephrase such sentences, for example, line 200.
	+ All addict word have changed into User.
* Do the participants fulfill the criteria for addiction? (DSM-5 or ICD-10).
	+ The focus of this study was not to diagnose the participants, as little information is available on the prevalence of khat dependence as defined by the International Classification of Diseases (ICD-10) or Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
* How were the participants for the control group recruited? Were they matched on demographic variables with the khat users to accommodate any confounding factors?
	+ The answer is in procedure, page 9, 10, line 162, 163.
* Statistical revision of the result section is needed.
	+ All the changes made in result session are bold and page 11 to 13, line 175 to 181, 185 to 190, 194 to 199.
* Was permission granted by an ethical committee for the study?
	+ Yes, the permission was granted by the ethical committee of the university, and a copy of the letter is attached to this mail.
* References in line 38, 39, 40, 41, 43, 44, 52, 55, 56, 58, 63, 65, 66, 68, 70, 80, 89, 103, 181are missing.
	+ We added the reference and they are in page, line.
* Line 46 to 48, 131, 156, 175, 176, 200 need to be rephrased.
	+ We rephrased these lines and they are in page 4, line 52 to 54, page 14,15, line 211 to 213, 234, 235. The lines in method and in result that needed to repharase, some of them was discarded and others were elaborated more.
* Spelling mistakes in line 130, 137, 158 (do not use apostrophes), 166, 191 need to corrected.
	+ We corrected the mistakes and they are in page 14, 15, line 201 to 203, 224, 225. Some lines were discarded or elaborated more in method session.
* Format of references needs to be revised.
	+ We revised all the format of the references