Peer Review File

Article Information: https://dx.doi.org/10.21037/mhealth-24-14

Reviewer A

The manuscript presents the results of a cross-sectional study that Explored Online Health Resources and Self-Care among Irritable Bowel Syndrome Patients. The manuscript is well written but a few revisions could improve its quality.

Methods: Line 113-115, the authors state that the results of this study are generalizable to the larger population. This is an ambitious claim as the results from a cross-sectional survey has its potential biases and the results cannot be generalized.

Reply: Thank you for your insightful feedback. We acknowledge the potential biases associated with cross-sectional studies and their implications on the generalizability of our results. Accordingly, we have revised the manuscript to remove the statement regarding the generalizability to the larger population. We appreciate your guidance in improving the accuracy of our study findings

2. I am not sure how the sample size was calculated and the level of statistical significance determined. What is the hypothesis that was tested?

Reply: We appreciate your query regarding the calculation of the sample size and the determination of the statistical significance. The sample size was calculated with the presumption that 50% of the population would exhibit online health-information seeking behaviors. This assumption is a common statistical practice for sample size determination when the proportion of a particular behavior in the population is unknown, as it maximizes the required sample size for a given confidence interval and margin of error. This approach ensures robustness in our statistical analysis, accommodating the highest possible variance to derive a sufficiently powered study. This revised sample size allowed us to confidently test our hypothesis regarding the prevalence of online health-information seeking behaviors among the study population

We have revised the sample size calculation and edited accordingly. Thank you for your comment!

3. Researchers could provide additional information on the number of questions

included in the Methods and details on how the data was collected

Reply: Thank you for your feedback. We have revised the Methods section of our manuscript to include the total number of questions, which is 72, and detailed information on how the data was collected using the SurveyMonkey platform. We appreciate your suggestion as it enhances the transparency and reproducibility of our research.

4. The researchers state that "it was found that 63% (284/451) of these individuals may not necessarily meet the criteria for a positive diagnosis of (IBS)"- then why were they included in the analysis?

Reply: Thank you for your observation. We appreciate the opportunity to clarify the inclusion criteria and the rationale for including all participants in the analysis.

Original Text: "It was found that 63% (284/451) of these individuals may not necessarily meet the criteria for a positive diagnosis of (IBS)." (Lines 227-228)

Revised Text: "While it was found that 63% (284/451) of these individuals may not necessarily meet the criteria for a positive diagnosis of IBS based on the Rome Criteria during the study period, they were included in the analysis for several important reasons:

Self-Identification and Symptom Management: Participants were included based on their self-reported diagnosis of IBS and their ongoing management of symptoms typically associated with IBS. This self-identification is critical in understanding the broader spectrum of individuals who perceive themselves as having IBS and seek online health information for symptom management.

Exploration of Information-Seeking Behavior: The primary focus of our study was to explore online health information-seeking behavior and self-care practices among individuals who believe they have IBS. Including all participants, regardless of strict adherence to the Rome Criteria, allows for a comprehensive analysis of how these individuals use the internet for health-related purposes.

Healthcare Utilization and Education: By including participants who may not meet the strict diagnostic criteria, we can better understand gaps in healthcare utilization and education. This broader inclusion helps identify individuals who might be misdiagnosed or undiagnosed and still require appropriate health information and resources.

To address this comprehensively, we conducted subgroup analyses to distinguish between those who met the Rome Criteria and those who did not. This approach allows us to provide nuanced insights into the health information-seeking behaviors and self-care practices of both groups."

We hope this clarification adequately explains the rationale behind including all participants in our analysis.

5. Line 313: where Healthline 0.7% (3/430)- change to "and" instead of where

Reply:

Thank you for pointing out the typo. We have corrected the text as suggested.

Original Text: "...where Healthline 0.7% (3/430)." (Line 313)

Revised Text: "...and Healthline 0.7% (3/430)." (Line 313)

We have made the change to ensure clarity and accuracy in the manuscript.

6. Did the researchers explore how education level impacted the results? If yes, please add to the results.

Reply:

Yes, our study did explore how educational level impacted the results. As indicated in our analysis, educational level significantly influenced outcomes. Participants who had previously received educational sessions on IBS demonstrated significantly higher mean IBS knowledge scores compared to those who had not undergone such sessions. This effect was quantified with a beta coefficient of 0.980, and the significance of this finding is supported by a p-value of less than 0.001.

Reviewer B

When reporting P values, authors should follow our guidelines as listed below. P values reported on main text should be consistent as those on tables and figures.

The description of the P value should be in the uppercase format, i.e., "P".

If P value <0.001, report "P<0.001" to avoid reporting unnecessarily excessive precision (except hypothesis tests that include correlations or studies with exponentially small P values, such as genetic association studies, which can be reported exponentially, e.g., P=1×10-5).

If 0.001⩽ P value <0.01, report the specific P value to 3 decimal places, e.g., "P=0.001" or "P=0.009".

When the P value is near 0.05, report the specific P value to 3 decimal places, e.g., "P=0.046" or "P=0.052".

If P value⩾0.01, report the specific P value to 2 decimal places, e.g., "P=0.01" "P=0.06" "P=0.10" "P=0.90".

Response: Edited accordingly

Figures and tables

Please check if a head is needed for the x-axis in Figure 1.

Response: Checked

Please check all your figures and tables to make sure **all abbreviations** have been defined in their **legends or footnotes**.

Response: Checked

Please recheck the highlighted data in the following sentence.

an interquartile range of four times per month. Further, when asked about their preferred web browser for health information searches, 91.4% (393/340) of participants indicated using search engines like

Response: Checked and edited accordingly

Why the sum of data in the pie charts (supplementary figures) is unequal to 430?

Response: due to incomplete responses in the figure we included them but in the final results and interpretations we included only complete responses.

Please provide a head for the columns in Table 4 as you did in Table 3.

Behaviors of IBS Patients	N = 451	%

Response: Checked and edited accordingly