

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Are Australians ready for warning labels, marketing bans and sugary drink taxes? Two cross-sectional surveys measuring support for policy responses to sugar-sweetened beverages.
AUTHORS	Miller, Caroline; Dono, Joanne; Wakefield, Melanie; Pettigrew, Simone; Coveney, John; Roder, David; Durkin, Sarah; Wittert, Gary; Martin, Jane; Ettridge, Kerry

VERSION 1 - REVIEW

REVIEWER	James Reynolds Research Associate, University of Cambridge, UK
REVIEW RETURNED	14-Dec-2018

GENERAL COMMENTS	<p>The current paper investigated the Australian public's support for interventions to reduce SSB consumption. Over two cross-sectional surveys, the authors show that support is mostly high, although it varies across different policies, and it has increased over the past three years.</p> <p>Overall, this study was conducted well. It used large-scale, nationally representative data to estimate the current level of support for policies. The logistic regression models were particularly useful for exploring the factors that explain the current level of support. There were no major issues with this paper, however there are a number of moderate and minor changes that I would like to see made before recommending publication.</p> <p>Moderate issues</p> <ol style="list-style-type: none">1. P7, line 17, you state that the methods for this study are described elsewhere. I had a look for the cited paper and I could not find it. All methods in Study 1 should be reported in the current paper. One of the main problems is that it is hard to know to what degree the two studies use the same items. For example on p15 line 10, you state "... the comparably worded initiatives of support..." does this mean identical? Or similar? Assuming that you mean similar, it would benefit the reader to know how much the wording differed. Elsewhere you suggest that there are some differences between items between the two surveys and it would be useful to have this information to know whether the differences between the two surveys actually reflect changes over time2. There is insufficient information on the measures used in Study 2. You should include in the supplement both full questionnaires as presented to participants. You should also include an example question in the methods for your primary outcome: support for one policy, along with information on the response scale, e.g., a 7-point scale anchored with 1 = strongly oppose and 7 = strongly support.
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Minor issues

3. BMJ open guidelines state that the title should not declare the results of the study
4. In your abstract, conclusion section (p3, line 8), “optimise support” may be overstating your results. “Increase support” seems more appropriate.
5. In your abstract, you discuss the comparison of the two studies in your results but not in the conclusion. You could add a sentence into the conclusion highlighting that support has likely increased.
6. In your abstract, you switch the order of describing your studies. In the design section of the abstract, you first introduce the national representative study, then second you introduce the historical data set. You then reverse this order in the participants section. It would help the reader if you could make this consistent
7. The references that you have used to justify the importance of public support (see p4, line 48) are insufficient. I would suggest adding to these a citation from Cullerton, Donnet, Lee, and Gallegos (2018) and perhaps Cairney (2009)
8. The sentence on p4, line 50-54 lacks a citation. Here is one study that shows that communicating evidence of a health tax’s effectiveness increases support. Although the sample was general public, not policy makers, it may still be useful (Reynolds, Pilling, & Marteau, 2018)
9. Your point on p5, lines 17-20 may be improved by citing this recent paper on estimates of support across 6 different countries (Reisch, Sunstein, & Gwozdz, 2017)
10. On p5, lines 10-12, you make the point that not much research on SSB support has been conducted in non-USA countries. In addition to the 3 papers you cite, I can also suggest these: (Hagmann, Siegrist, & Hartmann, 2018; Petrescu, Hollands, Couturier, Ng, & Marteau, 2016; Reisch et al., 2017). You are correct that most research is done in the US, however there is quite a bit done elsewhere too. I would suggest changing the rationale accordingly – perhaps highlighting that there is limited research in Australia.
11. On page 6 line 21-23 you state that there is a substantial knowledge gap around the acceptability of warning labels on SSBs however one recent UK study has looked at this (Mantzari, Vasiljevic, Turney, Pilling, & Marteau, 2018)
12. There is no mention that any model diagnostics were conducted. I advise that you check the diagnostics if you haven’t or simply report if you already have that the logistic regression model diagnostics (e.g., Hosmer-Lemeshow test) were satisfactory. Not much detail is needed, just a sentence added to the analyses section of your method.
13. One of the references is spelt incorrectly. Dipeveen should be Diepeveen (ref 18, page 26). I suggest that you proofread the rest of your references to ensure that there are no other errors

References

- Cairney, P. (2009). The role of ideas in policy transfer: the case of UK smoking bans since devolution. *Journal of European Public Policy*, 16(3), 471-488. doi:10.1080/13501760802684718
- Cullerton, K., Donnet, T., Lee, A., & Gallegos, D. (2018). Effective advocacy strategies for influencing government nutrition policy: a conceptual model. *Int J Behav Nutr Phys Act*, 15(1), 83. doi:10.1186/s12966-018-0716-y

	<p>Hagmann, D., Siegrist, M., & Hartmann, C. (2018). Taxes, labels, or nudges? Public acceptance of various interventions designed to reduce sugar intake. <i>Food Policy</i>, 79, 156-165.</p> <p>Mantzari, E., Vasiljevic, M., Turney, I., Pilling, M., & Marteau, T. M. (2018). Impact of warning labels on sugar-sweetened beverages on parental selection: An online experimental study. <i>Preventive medicine reports</i>, 12, 259-267.</p> <p>Petrescu, D. C., Hollands, G. J., Couturier, D. L., Ng, Y. L., & Marteau, T. M. (2016). Public Acceptability in the UK and USA of Nudging to Reduce Obesity: The Example of Reducing Sugar-Sweetened Beverages Consumption. <i>PLoS One</i>, 11(6), e0155995. doi:10.1371/journal.pone.0155995</p> <p>Reisch, L. A., Sunstein, C. R., & Gwozdz, W. (2017). Viewpoint: Beyond carrots and sticks: Europeans support health nudges. <i>Food Policy</i>, 69, 1-10. doi:10.1016/j.foodpol.2017.01.007</p> <p>Reynolds, J. P., Pilling, M., & Marteau, T. M. (2018). Communicating quantitative evidence of policy effectiveness and support for the policy: Three experimental studies. <i>Social Science & Medicine</i>, 218, 1-12.</p>
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REVIEWER	Shauna Downs Rutgers School of Public Health
REVIEW RETURNED	28-Feb-2019

GENERAL COMMENTS	<p>This paper examines support for policy responses to SSBs among Australians. The paper, for the most part, is well written; however, there are several aspects of the paper that need to be strengthened prior to being acceptable for publication.</p> <p>Overall comments:</p> <ul style="list-style-type: none"> • The paper is organized as two studies included in one paper with separate methods and results sections. The paper would read a lot better if these were integrated and referred to as years of surveys rather than individual studies. I don't think the paper flows well the way it is organized now. • It's not clear how the policy options were identified. There should be a rationale for each of the included policies and the authors should also highlight which policy options are aligned with global recommendations (e.g., WHO NCD action plan; HLPE Report on Nutrition & Food Systems, etc.). This could be done in a table. • Based on the introduction, there already seems to have been studies conducted in Australia that have examined public support for these types of policies. What makes this study novel? • Many of the tables are not entirely intuitive to interpret. I have made more specific comments below. <p>Specific comments:</p> <p>Abstract Lines 45-49: add the percentages to allow for better interpretation by the reader. Lines 50-55: this sentence needs to be re-worded. Also, need to make it clear which percentages are associated with which years of data collection</p> <p>Strengths and limitations of the study: Lines 40-42: This doesn't really seem like a significant strength. I suggest deleting it.</p>
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	<p>Introduction</p> <p>Page 4, Line 19: 62% consume per day? It's unclear what the 62% refers to.</p> <p>Page 4, Line 21-23: how does this compare to national and global recommendations for sugar intake?</p> <p>Page 4, Line 32: Clarify what is meant by health levies</p> <p>Page 5, Line 12: Were the other studies conducted in high-income countries only?</p> <p>Page 6, Lines 38-51: As mentioned in the overall comments, there needs to be more transparency regarding how the policy options were selected and how they relate to global (and/or local) policy recommendations. Were they selected based on having the most potential for impact? The most evidence to support their effectiveness?</p> <p>Page 6, Line 42: add "on that support" to the end of the sentence or re-word the sentence to improve the readability.</p> <p>Study 1 methods</p> <p>Page 7, Line 26: Can the authors expand on "probability of selection in the household". There's not enough information on the methods provided to accurately interpret this.</p> <p>Study 1 results</p> <p>Page 7, Line 33: How was the initial sample drawn? What was the sampling frame? I understand that this has been published elsewhere but it would help to have one or two sentences that describe this.</p> <p>Page 7, Lines 35-38: There needs to be a description of what the AAPOR response rate is. It's likely that many readers will not be familiar with it.</p> <p>Page 7, Line 44: What does "appropriately represented" mean?</p> <p>Page 7, line 57-58: Can the authors be more specific?</p> <p>Table 1 & 3: These tables could be organized better. Having the strongly favor in parentheses is not at all intuitive. There are also no confidence intervals for those numbers so why present it at all? I suggest having separate columns for the combined and the strongly favor if you want to keep both in the table.</p> <p>Study 2</p> <p>Methods:</p> <p>Page 9, line 17: Is this an appropriate ratio for mobiles to landlines?</p> <p>Page 9, lines 22-28: Additional information about the sample and recruitment process is needed.</p> <p>Page 9, lines 45-46: it would be helpful to have a table that outlines which policy options were examined in each year of the survey. Once the methods are integrated, this should be easy to do.</p> <p>Page 10, line 13: what's the rationale for grouping healthy weight and underweight together?</p> <p>Page 10, line 13-15: Which population were these measures used in previously?</p> <p>Page 11, lines 12-15: Were there any significant differences? It would be helpful to be more specific rather than stating "with little difference".</p> <p>Results</p>
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	<p>Page 11, line 23: The AAPOR response rate is much lower than for study 1. What is the reasoning for this? This is something that should be highlighted in the limitations section.</p> <p>Page 11, line 54: Is it a nationally representative sample? “Adequate representation” is unclear.</p> <p>Table 2: Write out ABS the columns should be more descriptive than just % (weighted). % of what?</p> <p>Page 15, lines 16-25: This paragraph doesn't seem necessary and can be deleted to improve the flow.</p> <p>Page 15, Line 28: This subheading needs to be more descriptive. Something along the lines of: Socio-demographic predictors of support for SSB policies</p> <p>Page 15, line 39: Can you include how it differed by level of disadvantage.</p> <p>Page 16, line 9: Specify that it's the health risk associated with SSB consumption.</p> <p>Table 4 & 5: These tables are also difficult to interpret. The columns need to make it clear that it is the percentage in favor of each policy option. Does it include those that strongly and somewhat strongly in favor?</p> <p>Discussion</p> <p>Page 21, lines 6-8: It would be helpful to have numbers to support these statements. How high is consumption? How high is ov/ob prevalence?</p> <p>Page 21, line 16-18: The beginning of this sentence seems a bit repetitive.</p>
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VERSION 1 – AUTHOR RESPONSE

<p>Reviewer: 1 Reviewer Name: James Reynolds</p>	
<p>Overall, this study was conducted well. It used large-scale, nationally representative data to estimate the current level of support for policies. The logistic regression models were particularly useful for exploring the factors that explain the current level of support. There were no major issues with this paper, however there are a number of moderate and minor changes that I would like to see made before recommending publication.</p>	
<p>1.01 P7, line 17, you state that the methods for this study are described elsewhere. I had a look for the cited paper and I could not find it. All methods in Study 1 should be reported in the current paper. One of the main problems is that it is hard to know to</p>	<p>We cited this reference in an attempt to be brief and comply with word count, while still providing adequate details of the methods for the two studies. At the time of submission the cited paper was in the final stages of acceptance (detailed in letter to the editor), and the full-text is now available publicly:</p>

<p>what degree the two studies use the same items. For example on p15 line 10, you state "... the comparably worded initiatives of support..." does this mean identical? Or similar? Assuming that you mean similar, it would benefit the reader to know how much the wording differed. Elsewhere you suggest that there are some differences between items between the two surveys and it would be useful to have this information to know whether the differences between the two surveys actually reflect changes over time</p>	<ul style="list-style-type: none"> Miller C, Wakefield M, Braunack-Mayer A, Roder D, O'Dea K, Ettridge K, Dono J. Who drinks sugar sweetened beverages and juice? An Australian population study of behavior, awareness and attitudes. BMC Obesity, 2019.6(1):03. https://doi.org/10.1186/s40608-018-0224-2 <p>More detail has also been added to the method of both studies. We have welcomed the suggestion to include measures and tables as supplementary material, and have now included tables listing all measures and noting wording differences between the items used in the two studies.</p>
<p>1.02 There is insufficient information on the measures used in Study 2. You should include in the supplement both full questionnaires as presented to participants. You should also include an example question in the methods for your primary outcome: support for one policy, along with information on the response scale, e.g., a 7-point scale anchored with 1 = strongly oppose and 7 = strongly support.</p>	<p>Questions that were presented to participants that are relevant to this study are now included as supplementary material, and an example question (with response format) has been included in the method for both studies.</p>
<p>1.03 BMJ open guidelines state that the title should not declare the results of the study</p>	<p>We have altered the title of the study.</p>
<p>1.02. In your abstract, conclusion section (p3, line 8), "optimise support" may be overstating your results. "Increase support" seems more appropriate.</p>	<p>Edited as requested.</p>
<p>1.05 In your abstract, you discuss the comparison of the two studies in your results but not in the conclusion. You could a sentence into the conclusion highlighting that support has likely increased.</p>	<p>Conclusion has been edited accordingly.</p>
<p>1.06. In your abstract, you switch the order of describing your studies. In the design section of the abstract, you first introduce the national representative study, then second you introduce the historical data set. You then reverse this order in the participants section. It would help the</p>	<p>We have edited the abstract so that the presentation of the studies is internally consistent throughout the abstract and article.</p>

<p>reader if you could make this consistent</p>	
<p>1.07 The references that you have used to justify the importance of public support (see p4, line 48) are insufficient. I would suggest adding to these a citation from Cullerton, Donnet, Lee, and Gallegos (2018) and perhaps Cairney (2009)</p>	<p>We have included these additional references.</p>
<p>1.08 The sentence on p4, line 50-54 lacks a citation. Here is one study that shows that communicating evidence of a health tax's effectiveness increases support. Although the sample was general public, not policy makers, it may still be useful (Reynolds, Pilling, & Marteau, 2018)</p>	<p>Thank you for this suggestion. We have included this additional reference.</p>
<p>1.09 Your point on p5, lines 17-20 may be improved by citing this recent paper on estimates of support across 6 different countries (Reisch, Sunstein, & Gwozdz, 2017)</p>	<p>We have included this additional reference.</p>
<p>1.10 On p5, lines 10-12, you make the point that not much research on SSB support has been conducted in non-USA countries. In addition to the 3 papers you cite, I can also suggest these: (Hagmann, Siegrist, & Hartmann, 2018; Petrescu, Hollands, Couturier, Ng, & Marteau, 2016; Reisch et al., 2017). You are correct that most research is done in the US, however there is quite a bit done elsewhere too. I would suggest changing the rationale accordingly – perhaps highlighting that there is limited research in Australia.</p>	<p>We have reviewed these papers and thank the reviewer for their suggestion. We have included Petrescu et al. (2016) as this paper reports data regarding support for SSB-specific policy initiatives, which supports the point the sentence was making with respect to limited data on policy initiatives specifically focused on SSBs, and have edited the text to clarify this. The other two references did not appear to report data on policy interventions specifically focused on SSBs. However, we have incorporated the Reisch et al. (2017) reference at another point in the paper, and thank the reviewer for this suggestion.</p>
<p>1.11 On page 6 line 21-23 you state that there is a substantial knowledge gap around the acceptability of warning labels on SSBs however one recent UK study has looked at this (Mantzari, Vasiljevic, Turney, Pilling, & Marteau, 2018)</p>	<p>We respectfully thank the reviewer for this suggestion, and are aware of this study, but it is an experimental study looking at acceptability of specific warning labels and messaging, rather than public opinion or acceptability of labels as a policy initiative (as compared to other policy options), which was the point of this statement. We have now clarified the two points accordingly in the text, and cited the suggested reference as well as other experimental studies on warning labels.</p>

<p>1.12 There is no mention that any model diagnostics were conducted. I advise that you check the diagnostics if you haven't or simply report if you already have that the logistic regression model diagnostics (e.g., Hosmer-Lemeshow test) were satisfactory. Not much detail is needed, just a sentence added to the analyses section of your method.</p>	<p>We apologise for this omission, all Hosmer-Lemeshow goodness of fit significance values indicated good fit. Footnotes have been added to Tables 4 and 5.</p>
<p>1.13 One of the references is spelt incorrectly. Dipeveen should be Diepeveen (ref 18, page 26). I suggest that you proofread the rest of your references to ensure that there are no other errors</p>	<p>This reference has been corrected, and reference list has been re-checked and proofed.</p>
<p>Reviewer: 2 Reviewer Name: Shauna Downs</p>	
<p>2.01 Overall comments: The paper is organized as two studies included in one paper with separate methods and results sections. The paper would read a lot better if these were integrated and referred to as years of surveys rather than individual studies. I don't think the paper flows well the way it is organized now.</p>	<p>We have re-arranged the paper to be more integrated by reporting the methods and the results of the two studies together, whilst also preserving the need to transparently communicate that we are reporting on distinct studies conducted at different points in time, noting both their similarities and differences.</p>
<p>2.02 It's not clear how the policy options were identified. There should be a rationale for each of the included policies and the authors should also highlight which policy options are aligned with global recommendations (e.g., WHO NCD action plan; HLPE Report on Nutrition & Food Systems, etc.). This could be done in a table.</p>	<p>The method has been updated to include a rationale for the included policy options as follows: "The [2014] policy support questions were based on similar measures successfully used to explore support for policies in tobacco and food contexts, ^(36, 54) with content developed in consultation with co-authors and in consultation with Obesity Policy Coalition (a leading Australian advocacy organisation in obesity) (see supplementary material for a fully copy of the measure; Table S1). Support for eight policy initiatives was assessed (see Table 1 and Table S1) by asking participants to indicate whether they were in favour of or against each initiative (presented in fixed order due to methodological constraints). For example, participants were asked "Are you in favour or against the government taxing drinks that are high in added sugar?" with possible responses: Strongly against, somewhat against, neither in favour or against, Somewhat in favour, Strongly in favour..... Policy questions [2017] were based on measures used in Study 1 with minor adaptations. To mitigate ceiling effects suggested by the South Australian survey data and based on consultation with an obesity advocacy expert</p>

	<p>from the Obesity Policy Coalition, some of the initiatives were modified in 2017 to represent a tougher policy stance, e.g., initiatives suggesting ‘restriction’ in 2014 were changed to ‘banning’ in 2017. A question was also included to obtain a more nuanced understanding of policy conditions, e.g., an initiative proposing using the funds raised from taxes for obesity prevention was added. One question was amended to reflect the evolution of digital technology (see Table S1 in supplementary material for a full description of wording changes from 2014 to 2017).</p>
<p>2.03 Based on the introduction, there already seems to have been studies conducted in Australia that have examined public support for these types of policies. What makes this study novel?</p>	<p>Our study is novel as our 2017 study was conducted on a nationally representative sample, and compares support for a number of policy options that all focus only on SSBs. The previous studies that have been based in Australia have not been conducted on nationally representative samples, and/or have not exclusively focused on policy options aimed at curbing only SSB consumption, e.g., they ask about support for a tax on both food and beverage within the same question. We believe that SSBs are a unique point of intervention that require the analysis of support for policy options aimed specifically at their reduction. The collection of data regarding support for policy options unique to SSBs are warranted. Including support for curbing consumption on food products in the same question as SSBs may obscure level of support for policy options for SSBs. Likewise, data on comparative support for multiple policy options aimed only at curbing SSB consumption are not available in Australia. We have clarified these points throughout the introduction to demonstrate the novelty and importance of this study.</p>
<p>2.04 Many of the tables are not entirely intuitive to interpret. I have made more specific comments below.</p>	<p>We have made a number of changes to the tables to increase clarity as outlined further below.</p>
<p>2.05 Abstract: Lines 45-49: add the percentages to allow for better interpretation by the reader.</p>	<p>The percentages were not included for some of the results in the abstract as they refer to general findings/observations spanning all 10 of the policy initiatives. Providing percentages for these three observations would therefore involve reporting 30 figures, which is not possible in the abstract. However, we respect the reviewer’s opinion that results are required to assist in interpretation, and as such, we have reported the range of the absolute difference found between percentages across the 10 policy initiatives.</p>
<p>2.06 Abstract: Lines 50-55: this sentence needs to be re-worded. Also, need to make it clear which percentages are associated with which years of data collection</p>	<p>We have now clarified this text.</p>

2.07 Abstract: Strengths and limitations of the study: Lines 40-42: This doesn't really seem like a significant strength. I suggest deleting it.	This has been deleted.
Introduction	
2.08 Page 4, Line 19: 62% consume per day? It's unclear what the 62% refers to.	This has been clarified.
2.09 Page 4, Line 21-23: how does this compare to national and global recommendations for sugar intake?	Unfortunately the Australian Dietary Guidelines only recommend limiting foods and beverages with added sugar, without specifying a quantifiable limit for sugar intake. A comparison based on the World Health Organization limit has been incorporated.
2.10 Page 4, Line 32: Clarify what is meant by health levies	This has been clarified
2.11 Page 5, Line 12: Were the other studies conducted in high-income countries only?	This has been clarified
2.12 Page 6, Lines 38-51: As mentioned in the overall comments, there needs to be more transparency regarding how the policy options were selected and how they relate to global (and/or local) policy recommendations. Were they selected based on having the most potential for impact? The most evidence to support their effectiveness?	This has been clarified as per previous response in overall comments 2.02.
2.13 Page 6, Line 42: add "on that support" to the end of the sentence or re-word the sentence to improve the readability.	This has been edited to improve readability.
Study 1 methods	
2.14 Page 7, Line 26: Can the authors expand on "probability of selection in the household". There's not enough information on the methods provided to accurately interpret this.	We have now added more detail to methods.
Study 1 results	
2.15 Page 7, Line 33: How was the initial sample drawn? What was the sampling frame? I understand that this has been published elsewhere but it	More detail has been added to the methodology to clarify sampling.

would help to have one or two sentences that describe this.	
2.16 Page 7, Lines 35-38: There needs to be a description of what the AAPOR response rate is. It's likely that many readers will not be familiar with it.	Clarification has been added to the text.
2.17 Page 7, Line 44: What does "appropriately represented" mean?	This has been clarified in the text.
2.18 Page 7, line 57-58: Can the authors be more specific?	This has been clarified.
2.19 Table 1 & 3: These tables could be organized better. Having the strongly favor in parentheses is not at all intuitive. There are also no confidence intervals for those numbers so why present it at all? I suggest having separate columns for the combined and the strongly favor if you want to keep both in the table.	This has been applied, and confidence intervals have been added.
Study 2 Methods:	
2.20 Page 9, line 17: Is this an appropriate ratio for mobiles to landlines?	Based on data from the Australian Communications and Media Authority (2015-16), this ratio was considered appropriate. The ACMA data indicate 67% of adults (18+ years) had made a fixed-line call in the previous 6 months (June 2016), and 92% had made a mobile call in the last 6 months. The experienced company collecting the data also advised that a larger ratio for mobile phones would increase the chance of success with younger 'hard-to-reach' respondents. The ACMA data support this, as 31% of adults were mobile only users in June 2016, with 60% of these comprised of young people aged 25 to 34 years. We have cited the media report in the paper and added a brief clarification.
2.21 Page 9, lines 22-28: Additional information about the sample and recruitment process is needed.	We have added additional detail regarding sample recruitment, with characteristics of the sample described in Table 2.
2.22 Page 9, lines 45-46: it would be helpful to have a table that outlines which policy options were examined in each year of the survey. Once the methods are integrated, this should be easy to do.	We have included a table in supplementary material describing differences in wording.

2.23 Page 10, line 13: what's the rationale for grouping healthy weight and underweight together?	The primary interest was the obese/overweight group as compared to those who were not overweight or obese. As the underweight group comprised only 3% of the population, they were combined with the healthy weight participants for ease of interpretation.
2.24 Page 10, line 13-15: Which population were these measures used in previously?	Included.
2.25 Page 11, lines 12-15: Were there any significant differences? It would be helpful to be more specific rather than stating "with little difference".	The difference was that the strength of some associations and p-values varied slightly (slight increases and decreases); however, all remained significant at the conventional $p < .05$ level. We have clarified this in the results.
Study 2, Results	
2.26 Page 11, line 23: The AAPOR response rate is much lower than for study 1. What is the reasoning for this? This is something that should be highlighted in the limitations section.	The reasoning for the difference in response rate is the difference in methodology, which has been clarified in the limitations.
2.27 Page 11, line 54: Is it a nationally representative sample? "Adequate representation" is unclear.	Yes, we have clarified this in the text.
2.28 Table 2: Write out ABS	This has been clarified.
2.29 the columns should be more descriptive than just % (weighted). % of what?	This has been clarified.
2.30 Page 15, lines 16-25: This paragraph doesn't seem necessary and can be deleted to improve the flow.	This has been deleted.
2.31 Page 15, Line 28: This subheading needs to be more descriptive. Something along the lines of: Socio-demographic predictors of support for SSB policies	This has been incorporated.
2.32 Page 15, line 39: Can you include how it differed by level of disadvantage.	This has been incorporated.
2.33 Page 16, line 9: Specify that it's the health risk associated with SSB consumption.	This has been incorporated.
2.34 Table 4 & 5: These tables are also difficult to interpret. The columns	Tables have been edited.

need to make it clear that it is the percentage in favor of each policy option. Does it include those that strongly and somewhat strongly in favor?	
2.35 Discussion	
2.36 Page 21, lines 6-8: It would be helpful to have numbers to support these statements. How high is consumption? How high is ov/ob prevalence?	Percentages have been added.
2.37 Page 21, line 16-18: The beginning of this sentence seems a bit repetitive.	Have removed beginning sentence and incorporated the point 'in brief' into the paragraph.

VERSION 2 – REVIEW

REVIEWER	James Reynolds University of Cambridge, UK
REVIEW RETURNED	05-Apr-2019

GENERAL COMMENTS	<p>The authors have addressed the problems that I identified in the first review and I am happy to recommend publication.</p> <p>However, there two further errors that should be addressed:</p> <ol style="list-style-type: none"> 1. Page 10, line 40 – Wilcoxin spelling error. Should be Wilcoxon 2. Page 12, table 1 – for the policy option “restrictions on the marketing ...” the confidence interval brackets are misplaced
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