

Dear Editors and Reviewers,

We would like to thank the reviewers for their thoughtful and constructive feedback on our manuscript. We have carefully addressed each comment to improve the clarity, statistical rigor, and presentation of our work. Below is a point-by-point response to the concerns raised.

Reviewer #1

1. Table formatting and citation style.

Response: We have standardized the formatting of all tables to align with professional citation styles. The variable names in Table 1 have been left-justified as requested to improve readability.

2. Clarifying referent groups in Tables 3 and 4.

Response: We have explicitly labeled the reference categories (marked as "ref") for all variables within the multivariate logistic regression models to ensure clarity for the reader.

3. Use of "Adjusted OR" and Confidence Intervals in narrative.

Response: Following your suggestion, we have updated the tables to use the term "Adjusted OR" (AOR). Additionally, we have updated the Results section and Abstract to prioritize 95% Confidence Intervals (CIs) over p-values in the narrative.

4. Consistency between CIs and P-values in Tables 3 and 4.

Response: We performed a thorough review of our statistical tables. In Table 4, for example, the "License Pharm: No vs. Yes" variable now correctly reflects a p-value of 0.1289, consistent with a Confidence Interval that contains 1. We have ensured that all p-values across both models now mathematically align with their respective intervals.

Reviewer #2

1. Broad terminology ("Public Health Issues").

Response: We have narrowed our terminology from the broad "public health issues" to "medication-related risks" or "adverse health outcomes" to more accurately reflect the study's focus.

2. Explicit study design.

Response: We have explicitly stated in the "Study Design and Setting" section that this was a "cross-sectional quantitative survey design".

3. Results of pilot testing.

Response: We have included details regarding our pilot test of 30 individuals, noting that the instrument demonstrated acceptable internal consistency with Cronbach's alpha ranging from 0.72 to 0.81.

4. Definition of adverse health outcomes.

- **Response:** We have clarified that these outcomes were self-reported by participants based on their experiences following informal healthcare or unprescribed drug use.

Reviewer #3

1. Concerns regarding older references.

- **Response:** We appreciate the reviewer noting that many of our older citations refer to original sources or areas with limited recent research. To bolster the manuscript, we have integrated more recent scholarship from 2023 and 2024 where available.

2. Discussion subsections.

- **Response:** We have reviewed the discussion headings and streamlined the section to ensure the subheadings serve as a guide rather than a distraction, maintaining focus on the primary predictors identified in our models.

We believe these revisions have significantly strengthened the manuscript and look forward to your further assessment.

Sincerely,

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