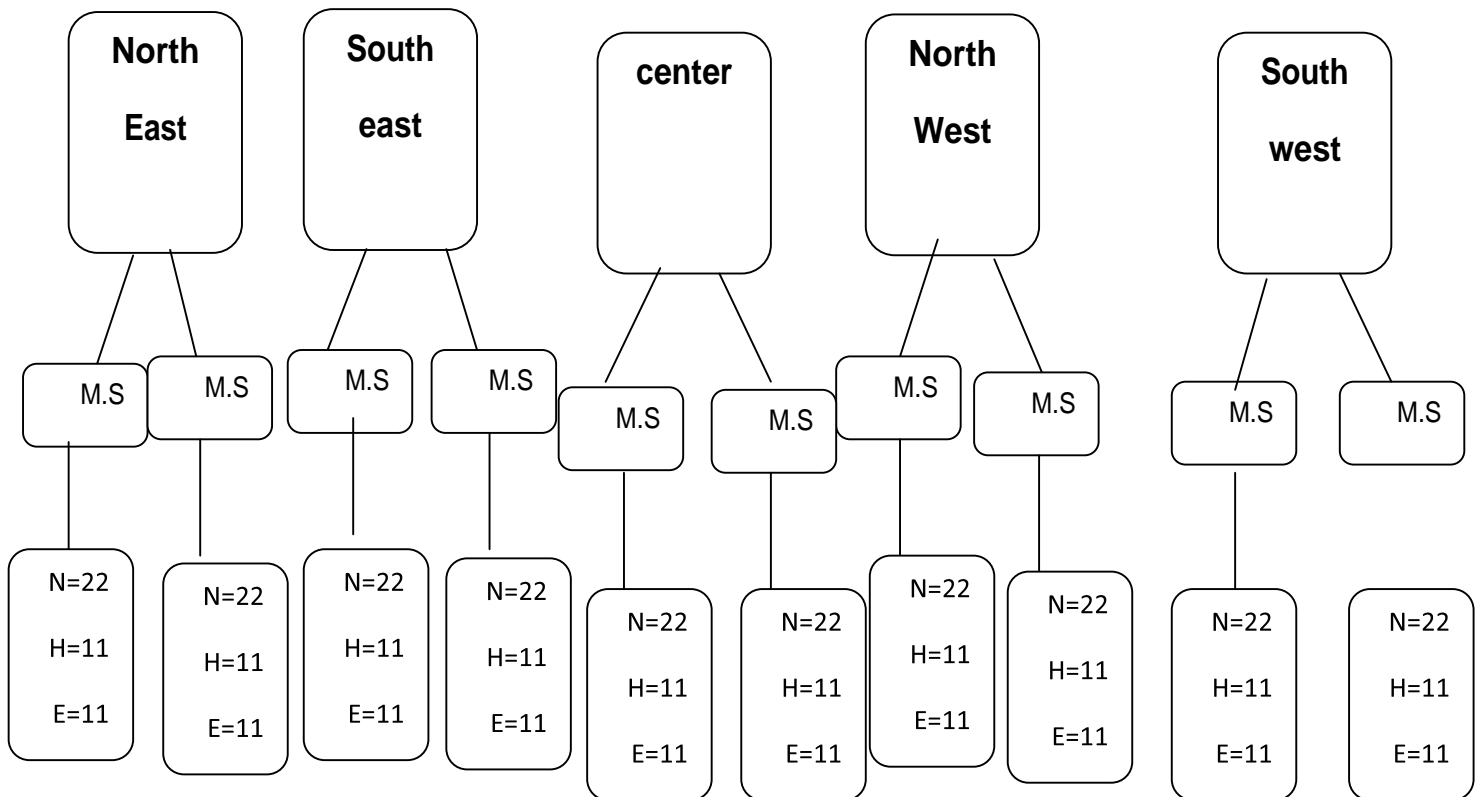**The BioMed Cental Editorial Team**

Thanks for advises .we tried modification base on your recommended.

Commend1: One major issue is that the design of the study is not clear. For example,

they sampled 26 medical settings and selected 11 women from each setting.

Diagram sampling(Sout heast Iran) Zahedan

North East	South east	center	North West	South west

M.S M.S   M.S M.S   M.S M.S   M.S M.S   M.S M.S

N=22 H=11 E=11 (×10)

(Medical setting)= M.S

Hose wife = H

Employe= E

Cmmend2: Also, Table 1 is missing labels in the first column and should be stratified by employed and non-employed. Revised Table one base on groups.

variable	Total(n=220)	
	Employed (%)	**Housewives** (%)
Age(year)		
14-23	7(6.4)	20(18.2)
24-33	43(39.1)	42(38.2)
34-43	42(38.2)	29(26.4)
44$\geq$	18(16.4)	10(9.1)
Education		
Illiterate	3(2.7)	38(34.5)
High school	37(33.6)	62(56.4)
University degree	70(63.6)	10(9.1)
Total	110	110

Commend 3:the randomization methods are not well-described.

For method sampling initially city divided into five sections (north, south, center, west, and east). Then, two health centers of each of these 5 sections (affiliated to Zahedan University of Medical Sciences) were selected, randomly (total 10 health center). After that, 11 housewives and 11 employed women (totally 22 women) were chosen of each of these health centers. Finally, 110 employed and 110 housewives were selected with multistage stratified cluster method selection, randomly. Following were the inclusion criteria for selection of the sample: i) women were enrolled in present study did not have a history of physical and mental illness. ii) At the time of study all women living with their husbands (divorcees, widow or who living apart from her husbands were excluded). iii) As well, women were not obese, pregnant, or afflicted by a special mental and psychological crisis at the time of interview. In the present study, the following hypothecs was proposed and tested that "employed women will be significantly higher than housewives women on quality of life (**eight** dimensions of quality of lif**e**)". The aims of the study were explained to the participants and their consent was obtained by health personnel. As well as, Health personnel asked mothers for their phone number. The scholar called the women, and time for the filling the questionnaire was arranged. Data were gathered through a questionnaire in the participants' homes. If a certain participant was illiterate, questionnaire was filled through interviews.

Based on the aim of the study the questionnaire quality of life was made of two parts;

part 1 was related to the women's personal information, and part 2 was short form health survey questionnaire (SF-36). The SF36 questionnaire for QOL is ageneric multidimensional instrument design for use in clinical practice and research,healt policy evaluation and general population survey.The instrument included 36 questions measuring eight dimensions of the quality of life: Physical function(10 items), Role limitation due to emotional problems (3 items),bodily pain(2 items), general health(5 items), vitality(4 items), social function problems(2 items), Role limitation due to physical health problems(4 items) and mental health(5 items).The SF36 also contain a single item that examines change in health. Each of the mentioned dimensions has a score of 0-100. A higher score indicates a better QOL. The applied questionnaire had originally been designed to measure health-based life quality. The validity and reliability of its Iranian customized version has been certified (1). The data were analyzed using SPSS software, version 13 Statistical methods were. ANOVA was applied to test for different among employed women and housewives women on quality of life and its eight dimensions .T-Test were computed to comparing the mean score of the eight dimensions of quality of lif**e** between employed women and housewives women with the results of another study that had done on Iranian women population (1).

Commend4: Should standard errors and 95% confidence intervals be presented rather than standard deviations.

In Table 2 wrote confidence intervals

Table 2: **A comparison of mean and 95%CI for eight dimensions of quality of life scores in employed women and housewives**

Dimensions	Employed women Mean(95%CI)	Housewives Mean(95%CI)	Total Mean(95%CI)	P Value
Physical Function	81.31(95%CI:77.5-85)	83.68(95%CI:79.8-87.53)	82.49(95%CI:73-90)	0.3
Role -emotional	54.84(95%CI:48.81-62.9)	45.45(95%CI:37.64-53.26)	50.15(95%CI:36.2-67.5)	0.09
bodily pain	65.57(95%CI:61-70)	62.72(95%CI:57.54-67.91)	64.15(95%CI:58.9-80.6)	0.4
General health	62.60(95%CI:58.76-66.45)	62.33(95%CI:58.73-65.94)	62.47(95%CI:60.17-72.34)	0.9
vitality	59.18(95%CI:55.14-63.12)	51.40(95%CI:46.88-55.93)	55.29(95%CI:47.5-63.2)	0.01
Social functioning	71.81(95%CI:67.9-75.7)	70.90(95%CI:66.88-74.93)	71.36(95%CI:63.7-78)	0.7
Role -physical	54.54(95%CI:47-62)	51.36±(95%CI:43.96-58.76)	52.95(95%CI:39-66.5)	0.5
Mental health	66.25(95%CI:62.85-69.65)	60±(95%CI:55.61-64.38)	63.12(95%CI:56.5-71.2)	0.02

Commend5: the quality of English needs substantial improvement.

Edited manuscript by Edanz group

With Best wishes

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Dr Ali Montazeri,Dr Ali Navidian