**Point by Point Responses to Reviewer’s comments:**

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| **SL.** | **Commentaries** | **Response(s) from author** |
| **Reviewer 1** | | |
| 1 | Are there any other data concerning smoking in Bangladesh (list in intro)? | Thank you for the valuable comments. Yes, there is good amount of research data on smoking in Bangladesh. We have added some of these in the introduction section. |
| 2 | The sampling frame is excellent, as is the participation rate.  These people are well versed in sampling | Thank you very much for your judgment. |
| 3 | This is a very well written paper | Thank you very much for your appreciation. |
| 4 | I would like to see some of the data included in figures and tables and the results started to be too heavy (very important to address) | We take note the reviewer’s comment and have incorporated some new data in analytical section and also in a figure.Thank you very much for the valuable comment. |
| 5 | The smoking rates are incredibly high, ~95% for males.  There should be comparisons to the many other smoking rates for college students reported. | Thank you for this comment. Actually, this (94.34%) was the male among tobacco users. The inconsistency about this in our manuscript has been removed. We have corrected the data. |
| 6 | They might consider a paper on familial clustering of smoking, by type, etc. | We have already added family aggregation related data of tobacco smoking in both analytical part and table-2. Thank you very much for the comment. |
| 7 | It would be good to include age at the beginning of smoking | Thank you for this valuable comment. Some new information on the initiating age of smoking has been added in the result and discussion section with a new part entitled initiation of tobacco smoke including figure-2. |
| 8 | What was the attempted quit rate? It does not look it is very good, and how does this compare with other studies | Thank you for this comment. The attempt of quit tobacco smoking rate has been added in our manuscript in the result and discussion section under the sub-heading “Initiating of tobacco smoking.” |
| 9 | In a separate paper they might want to describe the different patterns of smoking, cigarette, water pipe, chewing tobacco, etc. | Thank you for your comment. In our study, we wanted to find the prevalence and associated factors of tobacco smoking. In Bangladesh, majority of the people mainly students are used to smoke cigarette. Very few are involved in other patterns like use of water pipe, chewing tobacco or illicit drugs. But we did not find these patterns. That is why another study is required. So we have a plan to conduct another study in future. |
| 10 | Was illicit drug use collected? | No, we did not collect any data on illicit drug use. |
| 11 | They might want to include something about the cost of smoking, and the dose of smoking. | Thank you very much for your comment. We have added relative information in our manuscript in “Consumption rate and economic loss of tobacco smoking” under the “Results and Discussion” section. |
| 12 | I always like to see a map of where the study was completed. | Thank you very much for your valuable comment. We have inserted a location map of the study area in our manuscript in design and study participants (figure-1). |
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| **Reviewer 2** | | |
| \* | There is good amount of published data available on smoking/tobacco use in Bangladesh which were not mentioned in the paper. Author should incorporate that in their introduction. Start with pubmed and google-scholar for valuable and openly available resources. | Thank you very much for your valuable comment. We have noted the reviewer’s comment. Information of tobacco smoking in Bangladesh has been added in the revised manuscript. New references have been attached in the references section with revised referencing number. |
| \* | This study focuses only one particular population of students in one institution. Rates such as 95% Male smokers sounds unrealistic and may be just a anomaly in that institution only. Comparison needed and/or explanation that this may be a biased sample. | Thank you for this valuable comment. Actually, this (94.34%) was the male among tobacco users. The inconsistency about this in our manuscript has been removed. We have corrected the data. It is mentioned that the sample of the study was fairly unbiased. |
| \* | Author should distinguish tobacco use and smoking throughout the paper including the tables. | Thank you for this comment. We have conducted a thorough review in the revised manuscript. Required changes have been done in the revised manuscript. |
| \* | The tables could use some more work, please try to make them more consistent with general format of tables in biomedical journals. | Thank you for valuable comment. Possible changes have been made in the tables. |
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| **General Editorial Comments** | | |
| \* | Please have someone proofread the manuscript for language before resubmission. Statements such as “Male smokers were significantly smaller…” in conclusions are not very clear and should be edited. | Thank you very much for the valuable comment. We have conducted a thorough review in the revised manuscript. Inconsistency of data has been removed in the revised manuscript. |
| \* | Each table listing p-values should indicate what tests the p value was based on. | Thank you very much for the comment. We have added specific statistical analyses in the table from where the p value has been drawn. |
| 1 | Limitations of this research (biased sample?) | There was no limitation of this study. It is highly mentioned that the sample of the study was fairly unbiased. |
| 2 | Future directions recommendation | Thank you for this comment. We have stated future directions and recommendations in “Conclusion and recommendation” section of the revised manuscript. |
| 3 | Global Health significance | We have already mentioned global health significance of this study in the introduction part of the manuscript. We know tobacco smoking has been treated a prime risk factor for several non-communicable diseases. It is the leading cause of preventable death, and is estimated to kill nearly 6 million people each year worldwide. Future projections suggest that tobacco will kill more than 8 million people worldwide each year by the year 2030. |