

Reviewer's comments: I read the manuscript. The manuscript has been written in a good style, but it needs a great revision. I present my comments one by one.

Authors' response: Thanks for the commendation

Reviewer's comments: Abstract section: The conclusion is not related to methods of study and should be revised. It doesn't show that your study what added to what we previously know a bout enuresis or whether confirm our previous findings.

Authors' response: We have rewritten the conclusion in its whole entirety. See page 1 (conclusion).

Reviewer's comments: Method section: Please clearly define the enrolled groups. In method section you mentioned that the ages of patients ranged from 5 to 12 years.

Did you enroll pediatric age groups or adult also enrolled in your study .I ask this question because you mentioned the prevalence of enuresis in your enrolled cases in age group > 12 and also > 15 yr in result section (lines 112-114),while according to your method of study cases > 12 yr shouldn't be enrolled .

Authors' response: Please this has been clarified and corrected. See results; page 6 and tables; page 16-18

Reviewer's comments: Results section

- 1)86.4% of children who bed wet had parent(s) who bed wet ($p=0.02$).**it's better to say had** parent(s) who bed wet during childhood
- 2) As the questionnaires were completed by children or their parents how you ask them a bout the allergy and what kinds of allergy were more common in enrolled groups?
- 3)you didn't consider any categorization for enuresis .As you know enuresis may be primary or secondary and also is categorized to mono symptomatic (MNE) and non mono symptomatic (NMNE).please add information about types of enuresis in your enrolled cases .
- 4) Please use the definition of ICCS for enuresis and its subtypes. You can use the paper "**Nevéus T, von Gontard A, Hoebeke P, et al. The standardization of terminology of lower urinary tract function in children and adolescents: report from the standardization committee of the international children's continence society. J Urol. 2006; 176: 314–324.(Ref 19)**
- 5) As you know enuresis seems to have multi factorial etiologies .How did you find the impact of caffeine and allergy in enuretic children? Did you compare the frequency of caffeine consumption and allergy in normal children and enuretics?
Just if you did such comparison between enuretic and those without enuresis you can claim that these factors affect the prevalence of enuresis in your enrolled cases.

Authors' response:

1. This has been corrected. See page 7

2. The answers to the question on allergy were given by their parents. The history of allergy on their children is well known to them because their parents live with them.

3. Majority of our subjects have mono symptomatic enuresis. It is well known that approximately 80% to 85% of children who have nocturnal enuresis have MNE. See page 8, line 6-8

4. We have redefined Enuresis using the definition of ICCS with the aid of the paper "Nevéus T, von Gontard A, Hoebeke P, et al. The standardization of terminology of lower urinary tract function in children and adolescents: report from the standardization committee of the international children's continence society. J Urol. 2006; 176: 314–324. See introduction, page 3; paragraph 1 and 2.

5. Painfully, we did not compare the frequency of caffeine consumption and allergy in normal children and enuretics. This study is just an observational cross sectional study which is questionnaire based

Reviewer's comments: Discussion section:

- 1) Please add the definition which is presented by ICCS (international children continence society) instead of what you have presented in first paragraph of discussion section.
- 2) Please present more articles that have investigated the higher prevalence of allergy and caffeine consumption in enuretic children.

Authors' response:

1. **The definition of enuresis as presented by ICCS** (international children continence society) has been adopted. See discussion page 8; first paragraph
2. Articles that have investigated the higher prevalence of allergy and caffeine consumption in enuretic children have been provided. See page 10; last paragraph.

Reviewer's comments: Tables:

Please revised the Table I. You can present the details of case in a Table with 2 columns .Please delete the third column and add the percentage of each variable after its number (like the following Table)

Authors' response: We have presented table 2 with only 2 columns. The sample you gave us is also adopted. See table 1;page 16

Variable	Number (Percent) (N/%)
Age	
<5 Years	48 (12.3)
5-10 Years	262 (67.4)
10-12 Years	79 (20.3)
Sex	
Female	164(42.2)
Male	225 (57.8)
Socioeconomic Class	
1 (High)	
2-3 (Middle)	29 (7.5)
4-5 (Low)	237 (60.9)
	127 (31.7)
Total number	