Dear editor,

Thank you for your valuable suggestions. In the light of reviewer's comments, we did the apropriate changes that are explained item by item in the subsequent page. You can find the highlighted changes within the text colored yellow.

Thank you very much for your help.

Sincerely yours.

Reviewer 1:	**Thanks for the reviewer's comments.**
The manuscript entitled "The Relationship Between the Level of Social Support Perceived and Post-traumatic Growth by Coronavirus Patients Discharged from the Hospital" (Manuscript NO: 82917) examined an interesting and useful question through the analysis of empirical data collected in Turkey. The research aim is clear and the methods adopted are appropriate. The findings are useful. I suggest some improvements.	Thank you for your valuable criticism.
(1) In the title, "the level of "could be removed, and"social support perceived" could be changed to "perceived social support".	In the title, "the level of "was removed.
(2) In the section of introduction (p2), except for the definition of "social support", the definition of "perceived social support" and the difference between "social support" and "perceived social support" can be given.	To date social support has been broadly construed in two ways: perceived social support and received social support (Eagle et al., 2019). Perceived social support concerns the subjective evaluation of how individuals perceive friends, family members as available to provide material, psychological and overall support during times of need whereas received support relates to the actual quantity of support received. This distinction between these two types of support is important for two reasons. (Eagle et al., 2019).
(3) In the section of research questions (p3), "post-traumatic stress" in question 2 was not consistent with "post-traumatic growth", which was discussed in the section of introduction. Moreover, the manuscript did not mention the measurement of "post-traumatic stress".	It was found that there was an error in the translation. Therefore, the concept of stress was changed to growth.
(4) The time of the study described in page 3 ("between August and December, 2022") was not consistent with that stated	December was set to September.

in abstract (p1, “between August and September 2022”).	
(5) As a cross-sectional study, it is not appropriate to make causal statements about the relationship between the study variables. Meanwhile, the cross-sectional research design can be considered as a limitation of this study, which can be discussed in the section of limitations.	This study was conducted with a descriptive and a cross-sectional design.
(6) About the section of limitations, first, it is not organized well; second, it can be integrated into the section of discussion; third, research suggestions for future studies could be provided based on the limitations of the present study.	Limitations have been integrated into the discussion section. Also added to suggestions.
(7) In the section of results, “Stress level of the patients during the pandemic process was found to be between 7.14±2.58 (between 0 and 10)” (p5), “stress level of the patients during the pandemic process” suggests that the stress level is not the “post-traumatic stress” in research question 2; meanwhile, how the stress level of the patients during the pandemic process was measured is a question. Related measurement method and details should be added.	Stress level was measured with a value between 0 and 10. However, since the aim of this research was not stress, the concept of stress, the measured stress level, was removed from the main text.
(8) About the level of perceived social support and post-traumatic growth, criteria for judgment should be provided first, otherwise, readers may ask how to determine that “the patients have a good level of perceived social support” (p6) or “a bad level”? or how to determine that “In this study, it was found that the individuals had moderate PTG” (p7)?	Explain what low and high levels mean.
(9) In the section of discussion, some statements such as “In addition to the support of family members, patients also receive support from the health system, such as education and counselling. All these services may have played an important role in the formation of perceived social support.” (pp6-7) lack empirical evidences. In other words, the section of methods and the section of results did not provide relevant information.	Necessary additions have been made.
(10) In the section of discussion, “Another remarkable finding is that the most	It is seen in Table 2 that the most significant growth is in the spiritual sub-dimension.

significant growth in PTG was in the spiritual sub-dimension (Table 3).”(p8) In fact, information in Table 3 cannot support this statement.	
(11) Theoretical and practical implications of the findings of this study are insufficient, which should be discussed in the section of discussion.	Discussion section was created.
(12) In addition, there are still several mistakes of language expression in this manuscript, which should be modified and polished.	Edited for language editing.
1.Why is there a relationship between social support perceived and post-traumatic growth? Is there a theoretical underpinning?	On the other hand; it is widely believed that high perceived social support predicts high PTG . Given that several studies have reported that people during COVID-19 often feel isolated and alienated and have difficulty accessing social support, there is a need to further clarify the role of perceived social support within PTG during the COVID-19.
2.It is suggested that "Limitations of the Study " be included in the discussion section.	The limitations of the study are under the methodology section.
3. Why was the study conducted on patients who had been discharged from hospital for three months? Is there any basis for this?	Given the challenges associated with studying the impact of life events, it is understandable that there was a proliferation of cross-sectional studies using retrospective assessment tools to assess self-perceived growth. The PTGI required assessing participants once after the adversity occurred. Empirical studies have used the PTGI to assess changes in response to events that occurred anywhere from 3 to 12 months or even longer before the assessment (Helgeson, Reynolds, & Tomich, 2006). Since PTG will not occur immediately, the criterion of being discharged at least 3 months ago was also introduced in this study.
4. The research methodology is somewhat simple. Is it possible to dig deeper into the data?	The methodology section has been expanded.
5. What is the future direction of the subject matter described in this paper? What issues remain to be addressed?	Since these findings include subjective evaluations of patients, it is recommended to plan new studies in which the results are also evaluated objectively by mental health professionals.

Second round review	
After revision, the paper has been greatly improved. There is, however, one problem that is not well addressed. In the introduction, from perceived social support to post-traumatic growth, not only the support of existing researches, but also the corresponding theories or models about perceived social support should be added.	We have revised the introduction, and the modified part is highlighted in yellow in the text