# **Revision Response Form for *Family Medicine* Authors**

**Note:** The text in the form below is given only as an example. Delete the example text and replace it with the reviewer comments pertaining to your manuscript. Save and upload this completed form as “Supplemental Material” in ScholarOne, along with your revised manuscript. See the *Family Medicine* [author instructions page](https://journals.stfm.org/familymedicine/authors/#Manuscript_Preparation_) for additional guidance.

|  |  |  |
| --- | --- | --- |
| **Reviewer comments** | **Author response** | **Where the change takes place in the manuscript** |
| **Reviewer #1:** |  |  |
|  |  |  |
| **[example]** “The title does not describe the results of the study.” | [example]Thank you for this comment. We changed the title to, “XXX” | [example] On the title page #1. |
|  |  |  |
|  |  |  |
|  |  |  |
| **Reviewer #2:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Reviewer #3:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |