This manuscript is systematic review, meta-analysis, and meta-regression of the nomophobia symptoms' prevalence. The main idea behind the article is very good. However, there are certain areas that require significant improvements in order to be published.

We thank you and the reviewers for taking the time to review our manuscript and provide constructive feedback that helped improve the presentation of our paper and demonstrate its originality.

Title of the manuscript is a bit of a reach. Only 20 countries were included and some parts of the world were not represented at all. Therefore, I would omit mentioning „world“ in the title.

Authors' response: We have omitted the word "world" in the title. The title now reads as: "The prevalence of mild, moderate, and severe nomophobia symptoms: a systematic review, meta-analysis, and meta-regression."

Introduction and Discussion need more work. In this format they are quite short, and they do not reflect study's foundation nor results in the best way. Please expand your introduction and in discussion reflect bit more on your results and interaction with current literature.

Authors' response: We have expanded the introduction by about 25% reaching now about 650 words we also expanded the discussion by about 25% reaching now about 1000 words. The full manuscript text is now about 6000 words.

In the introduction we added the following paragraphs:

Four main dimensions and/or causes are involved in nomophobia: (1) fear or nervousness associated with not being able to communicate with others; (2) fear of not connecting with specific others; (3) fear of not having immediate access to information; and (4) fear of giving up the comfort provided by the mobile device[4,5].

Nomophobia is connected with feelings of loneliness, low self-esteem, and unhappiness, particularly among young people [2-4]. By developing a significant reliance on mobile technology and producing continual diversions, this negatively impacts other elements of life, such as work, school, and general productivity [1,4]. Furthermore, it contributes to interpersonal distance and isolation, impacting relationships and interactions [3,5].

In the discussion we added the following paragraphs by bringing information about latest studies pertaining to nomophobia:

"Due to its serious impact on health, severe nomophobia needs to be the focus of the discussion, since it can lead to mental disorders [50], with symptoms not only of nervousness, anxiety, and stress [72, 97, 98] but also depression [95], anger [96], aggression [83], insomnia and other sleep issues [70]. Recent studies also showed that, as a consequence of excessive and intensive use of smartphones, musculoskeletal problems can arise [99,100]. The main problems identified have been neck [99] and thumb [100] injuries. Severe nomophobia is associated with adverse effects on personal safety including an increased risk for road traffic accidents while driving [74,101].
Special situations may trigger increased nomophobia symptoms. For example, a recent study looked at how a social media outage affects nomophobia [102]. Results revealed that symptoms of

nomophobia, notably anxieties about access and connectivity, increased dramatically during the outage [102]. Consequent insomnia increased nomophobia [102].

We also expanded on limitations offering suggestions for future work:

"This systematic review and meta-analysis has a limitation inherited from the original studies included in the analysis and related to the fact that most of the participants were limited to a narrow age range.. To better estimate nomophobia's distribution among different age groups, future studies should include older adults and the elderly. Nevertheless, as the world moves toward a more digital lifestyle, this systematic review provides an understanding of the global prevalence of this modern emerging condition, which may well increase with time. For this reason, efforts at prevention and timely intervention are in order.
There are a few other issues with this meta-analysis. First, heterogeneity was high. . In a large epidemiological meta-analysis, this is to be expected. The use of random-effects modeling was expected to address concerns linked to the consequences of reviewing a large number of studies that do not all follow the same pattern, but rather follow a distribution. To mitigate this, we used 95% prediction intervals. Individual patient data (IPD) meta-analyses are useful and should be promoted in future studies to work out, assess, and discuss different elements of nomophobia. Second, we only had a few moderators. Future evaluations should broaden this investigation to include additional lifestyle variables such as physical activity, smoking, and substance use, with a focus on controlling for stress-related illnesses such as posttraumatic stress disorder, adjustment disorders, anxiety, and depression. Risk factors are important to determine.

Even though figures are mentioned throughout the text, I was not able to find them in the system. I believe they were not submitted. Also, supplemental material 10 is repeating in the Legend. It is very hard to go through the supplemental materials due to the lack of corresponding descriptions in the file.

Authors' response: We have added Figure 1, Figure 2, Figure 3 at the end of the manuscript for peer-review purposed. During production we will work collaboratively with the mdpi production team to ensure the final production is more appealing as per mdpi policies.
We ensured that supplemental material 10 is presented only once in the Legend.
The supplemental materials will be presented in the final paper user hyperlink and therefore will be in form of click to show. We added list of the Legend to the zipped file to facilitate peer-review process.

In the Method section, please change headings "2.4. Procedure".

Authors' response: The headings "2.4. Procedure" changed to "2.4. Screening, data extraction, quality assessment, and data analysis".

Visual presentation of the data in the tables is bit chaotic. While I do understand the need for extensive length due to the number of revised literatures, I still believe that data could be presented in more understandable and clean way.

Authors' response: We have switched the orientation of the visual presentation of the data in the tables from portrait to landscape. The tables are not presented in a more understandable and clean way. We will work collaboratively with the mdpi production team to ensure the final production is more appealing as per mdpi policies.

Overall, this is promising work. However, there are quite a lot of pieces missing and if they are added appropriately, I believe it could be considered for publication. In this current form, that is not the case.

Authors' response: We thank you for your compliment. We have taken all steps to improve presentation and ensure that all parts are clearly presented as per the best standards.