Response to reviewer-2

This article reported factors associated with reported COVID-like symptoms and seroprevalence data matched with COVID-like symptoms, which is an interesting and important topic today. However, there are some minor concerns in this article that need to be addressed.

1. Please include the WHO link in line 42.
   Authors response: As indicated, we have now inserted the WHO reference (Line 39, reference 3)

2. Please include the exclusion criteria in the method section.
   Authors response: We have included the exclusion criteria in the method section. Please see line 119 to 120: "We excluded those who were not aware of national COVID-19 advices from the analyses and had willingly did not report any of the COVID-like symptoms."
   However, the exclusion criteria were demonstrated in the figure 1.

3. Please include an appropriate reference at the end of sentence.

   "Typical symptoms of common cold are usually observed in mild cases, but severe case often requires hospitalization, long hospital stay, and may result in multiorgan failure and increased mortality."

   "In countries with large populations, although having more numbers of both cases and deaths, older people with various health complications suffered the most."

   Authors response: We have added the references in above mentioned statements. Please see line 44 (reference 4) and line 47 (reference 5).

3. Was there a significant difference between seropositive individuals and the areas? Please include the P value in text and related table.
   Authors response: Thank you for your suggestion. We have included the p-values both in text and the related table. Please see pages 9 to 11 and table 4 and 5. Additionally, the crude estimates were also reported while the tables were provided in the supplementary file (S1 and S2).

4. In the discussion section, after comparing other studies with this study, no conclusions and possible reasons were explained. Please rewrite the discussion.
   Authors response: We appreciate your feedback. Now, the discussion section has been updated and now we also updated the conclusion. For instance, this study explicitly demonstrated that — "Symptoms of any disease is usually not disease specific. Many symptoms overlap between different diseases and makes it difficult to differentiate between diseases. We have shown that broadly, data of symptoms of COVID-19 disease (of pandemic nature) matched and were in the same direction as that of the serosurvey, being higher in slums, lower in children and similar in males and females. The novel disease COVID-19 had similarities with common flu and other acute respiratory infections. Our findings suggested that collecting symptoms of COVID-19 during the pandemic had some usefulness when extensive laboratory-based testing is not possible in crisis situation. As both symptomatic and asymptotic SARS-CoV-2 seropositive participants can transmit the virus and infect people, collection of community-based symptom data to determine trend and spread of infection may be useful in predicting and preventing future transmission of the disease by introducing mitigation and awareness programs to reduce COVID-19 infection."

5. Please change "et al." to "*et al.*" in the discussion section.
   Authors response: We have changed accordingly.

6. For better understanding, please explain the meaning of the number inside the parentheses in total row of the table 1 and 2.
   Authors response: The numbers inside the parentheses in total row of the table 1 and 2 indicates the total number of respondents of respective column. For better understanding now, we have replaced those total numbers in the top part of the table. Please see table 1 and 2. Moreover, we have added three additional columns for the percentage distribution of the seroprevalence data matched with COVID-like symptoms, alike the reported COVID-like symptoms in table 1.

7. Please include the strengths of this study.
   Authors response: We now have inserted the strength of the study at the end of the discussion section. Please see page 12.