July 1, 2019

Reviewer 1:
1. Dear authors, this study is well conducted and its epidemiological results are important for rural communities around the world. M&M and results section are well drafted.

Response: We appreciate the reviewer’s positive assessment of our methods and results from this study and commit to making the revisions needed for publication.

2. I suggest to: modify keyword according to mesh (Medical Subject Headings) word: https://meshb.nlm.nih.gov/search

Response: Thank you for your suggestion to modify the keywords. We have made edits to ensure the article is more readily accessible by adding the MESH keywords “oral health, nutrition, diet, dental caries, urbanization, mothers, child, and Nepal.”

3. No information about QoL and patients general health condition have been provided, so please shortly refer on how some disease or syndromes could influence oral health:
   - 10.3390/biomedicines7020033
   - 10.1155/2019/5907195
   - 10.1155/2018/7848735
   - 10.23736/S0926-4970.16.03995-3

Response: We appreciate the reviewer’s referenced studies and recognize that there is a large body of quality research on the associations among oral health, general health conditions, and quality of life. In our Introduction and Discussion sections, we touched upon the importance of these relationships by highlighting the adverse physical and psychosocial effects of untreated early childhood caries on children’s quality of life, growth and development. In our Methods section, we omitted asking about general health because of the limited time for interviewing mothers. The broad scope of questions we asked on demographics, maternal and child behavioral risk factors, and caries consequences unfortunately did not allow us the opportunity to ask further about maternal child acute or chronic medical conditions (e.g., premature delivery/low birthweight, congenital syndromes, respiratory illness, diarrhea, fever, asthma, seizures, diabetes, etc.). Instead we focused on three key questions to assess the impact of early childhood caries on quality of life by asking how often the child complained of mouth pain (never, occasionally, frequently, or always) and the mother’s assessment of their child’s oral and overall health (bad, okay or good). While we recognize that other health conditions could have affected our participants’ oral health-related quality of life and that there are validated tools to measure this, our study was not designed for an in-depth examination of these research questions. Our study examined a community-wide sample of urban and rural Nepali children, majority being generally healthy, and the relationship between children’s oral health and nutrition. Specifically, we narrowed in on behavioral risk factors (i.e., junk food consumption associated with dental caries) and outcomes (i.e., severe dental caries associated with malnutrition). In future studies, we hope to include more measurements of general health conditions and quality of life.

To address the reviewer’s feedback, we added to the study limitations in the Discussion section: “Moreover, due to time limitations in interviewing mothers... we were also unable to document other acute and chronic health conditions that may have affected children’s oral health and nutrition status and did not conduct an in-depth assessment of children’s oral health-related quality of life.”

Thank you again very much for your review and reconsideration of our revised manuscript. We look forward to hearing your decision on acceptance.

Sincerely,
Chloe Tsang