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USE OF MOBILE-STROKE RISK SCALE AND LIFESTYLE
GUIDANCE PROMOTE HEALTHY LIFESTYLES AND
DECREASE STROKE RISK FACTORS





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1.	Halaman Judul		1
2.	Journal metrics of International Journal of Nursing Sciences		2
3.	Daftar isi rincian kegiatan korespondensi		3
4.	Submit artikel ke International Journal of Nursing Sciences, dengan judul artikel awal (sebelum direvisi oleh reviewer): <i>Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance.</i>	16 November 2019	5
5.	Masukan awal dari editor untuk menggunakan <i>mobile health (mHealth) evidence reporting and assessment (mERA)</i> checklist sebagai pedoman dalam mempersiapkan manuskrip	19 November	6
6.	Bukti submission ke Jurnal atas masukan awal editor	1 Desember 2019	7
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Manuscript Details

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Article type	Research Paper

Abstract

Purpose: Promotion and prevention of non-communicable diseases are needed by utilizing information technology that is relevant to developments in the era of globalization and industry 4.0. The purpose of this study was to determine the effectiveness of Mobile-Stroke Risk Scale and Lifestyle Guidance (M-sisguide) in improving healthy lifestyle and reducing stroke risk factors in at-risk persons. Methods: This research was an experimental research with a pretest and post-test control group design. Thirty-two participants in the intervention group and 32 participants in the control group were participated in this study. The sampling method was systematic random sampling using the block method. We allocate the sample into the intervention and control groups by random assignment. The measurement of healthy lifestyle and the stroke risk factors was performed before and six months after the intervention. Data analysis was performed using the multi-analysis of covariance test. Results: There is no significant differences in healthy lifestyle and stroke risk factors between the two groups after intervention ($p>0,05$). Healthy Lifestyle are increased, while stroke risk factors are decreased in both groups after intervention. The M-sisguide group showed a greater increase in lifestyle behavior ($p=0.046$) and decrease in stroke risk factors ($p=0.005$) compared to the control group. Conclusion: The use of M-sisguide is effective in improving healthy lifestyle and decreasing stroke risk factors in at risk persons after being controlled by variables of age, education level, and occupation.

Keywords	Healthy lifestyle; Risk factors; Mobile application.
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File Name [File Type]

Cover letter M-sisguide.docx	[Cover Letter]
Title Page M-sisguide.docx	[Title Page (with Author Details)]
Main documen English Version 4.docx	[Manuscript (without Author Details)]
Figure 1. Flowchart of M-sisguide feature.docx	[Figure]
Figure 2. Flowchart of the trial.docx	[Figure]
Table 1. The characteristics of participants.docx	[Table]
Table 2. The healthy lifestyle score.docx	[Table]
Table 3. The change of healthy life behavior.docx	[Table]
Table 4. The stroke risk factors score.docx	[Table]
Table 5. Multivariate analysis.docx	[Table]
Ceklist of mERA guideline for M-SISGUIDE Application.docx	[Supporting File]
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Professor Huaping Liu
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November 15nd, 2019

Dear Professor,

Let me introduce my name is Dr. Kelana Kusuma Dharma, I'm a lecturer of nursing school health polytechnic Pontianak (Politeknik Kesehatan Pontianak) Indonesia. Please consider the accompanying original research manuscript entitle "increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance" for publication in International Journal of Nursing Sciences. In this paper, we describe the effect of mobile-stroke risk scale and lifestyle guidance (M-sisguide) in increasing the healthy lifestyle and decreasing stroke risk factors. All authors have read and approved the manuscript and take full responsibility for its content. The authors have no conflicts of interest in regard to this research or its funding. We also state that this submitted work not be submitted to other journals.

Best regards,

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Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

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Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

1. Introduction

The World Health Organization (WHO) estimates that non-communicable diseases (NCDs) are the biggest causes of death, in which 41 million people die every year due to NCDs (71% of all deaths globally). The sequence of causes of death are cardiovascular disease (17.9 million), cancer (9.0 million), respiratory disease (3.9 million), and diabetes (1.6 million) [1]. Data from basic health research shows that stroke prevalence in Indonesia based on diagnosis by health professionals or symptoms is 12.1 per mile in populations 15 years and above in 2013 [2]. Cumulative risk of stroke recurrence was 3.1% at 30 days after first stroke, 11.1% at 1 year, 26.4% at 5 years, and 39.2% at 10 years [3]. Detection, screening and treatment of NCDs are key components of the response to NCDs [1].

An increase in the number of stroke patients, a decrease in quality of life, and a long-time rehabilitation period cause a significant economic burden on the health care system. Total direct and indirect costs due to stroke in the United States during 2008 were estimated at 65.5 billion US dollars. Direct costs contributed 67% of the total costs, while the remaining 33% came from indirect costs [4]. Funding through health insurance will not be sufficient if degenerative diseases such as stroke are not controlled and prevented. Promotive and preventive efforts are needed by utilizing information technology that is relevant to developments in the era of globalization and industry 4.0. Nowadays most people in urban and rural areas use smartphone not only for communicative functions but also to access various information and share stories on social media.

Internet users continue to increase in Indonesia, around 143 million Indonesians or more than 50% of the population have been connected to the internet throughout 2017 [5].

Mobile-Stroke Risk Scale And Life Style Guidance (M-sisguide) is a mobile application that can be accessed on smartphone, used to determine stroke risk, instructions to healthy life-style based on current risk levels, stroke information media including general information, signs and initial symptoms, early treatment at home in the event of a stroke, post-stroke rehabilitation, and information of health programs at public health centers or hospitals closest to person locations. We developed this application to give information access for individuals at risk of stroke, to increase self-awareness about stroke risk, provide guidance on healthy lifestyles, and information about the closest health facilities. The purpose of this study was to determine the effectiveness of M-sisguide in improving healthy behavior and reducing stroke risk factors in at-risk persons.

2. Method

2.1 Research design

It was an experimental study with a pre-and post-test control group design.

2.2 Setting and sample

We used the people at risk of stroke who met the eligibility criteria as a sample; have a risk of stroke in the category of moderate or severe, aged 40-65 years, never had a stroke before, not undergoing treatment due to chronic illness. The sampling method used in this study was systematic random sampling using the block method. The list of accessible populations was obtained from medical record at 2 Public Health Centers (PHC) in Singkawang City, 2 in Pontianak City West Kalimantan Province, and 4 in Samarinda City East Kalimantan Province (patients come to PHC for medical check-up). After determining the sample, we conducted a random assignment

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117 to allocate the sample into the intervention and control groups. We conduct home visits to give the
118 interventions to the sample selected.
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121 *2.3 Sample size calculation*

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123 We used the formula of hypothesis testing for the difference between two population means
124 (two-sided test) to calculate the sample size as [6]:
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$$127 N_1 = N_2 = 2 [(u_\alpha + u_\beta) \sigma/\delta]^2,$$

128

129 Based on the formula above, the minimum number of samples each group is 32 samples. It is
130 based on calculations of the mean difference of healthy lifestyle between the two groups ($\delta=4$),
131 the assumption of maximum lost-to-follow-up of 0.82%, 5% α , and power of the test of 80%.
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136 There are no samples dropped out or loss of follow up during the study.
137

138 *2.4 Procedure*

139 *2.4.1 Intervention*

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142 M-sisguide is an open source progressive web application that can be accessed via
143 smartphone/tablet/computer online to determine the level of stroke risk independently, individual
144 healthy life-style guideline, information media including explanation of stroke, early signs and
145 symptoms, initial treatment at home, post-stroke home care information for high-risk individuals,
146 and information of nearby health care facilities. This application also provides features for
147 respondents to communicate with health professionals, so they can find out information about
148 stroke prevention and healthy lifestyles directly. The infrastructure needed to operate M-sisguide
149 includes Smart phone/tablet/computer with all types of operating systems, M-sisguide software
150 that can be accessed and installed by visiting the link <https://app-m-sisguide.id/>, internet network
151 to connect the respondent's device with the M-sisguide website.
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We developed this application through the following stages; 1) Developing the M-sisguide workflow and its features, 2) Developing a database contains the scale of stroke risk, information about stroke and instructions for individual healthy living, 3) Input the database into the application system, 4) Compiling a manual book, 5) Testing the content validity of the application database by consulting with experts in the field of neuro science, 6) Testing the use of the M-sisguide application in a small group (12 respondents), 7) Revising the data base and application features. The flow of the M-sisguide application and its features can be seen in figure 1. The intervention of the M-sisguide group was carried out in 3 stages; intervention, monitoring, and evaluation.

Intervention:

- a. Participants are taught in a demonstration about how to install and use the M-sisguide application on a smartphone within 1 hour.
- b. Participants are asked to conduct a self-assessment of stroke risk factors and save the results in the application.
- c. Participants are asked to read the instructions for the individual healthy lifestyle as suggested to him.
- d. Participants are asked to give a checklist in the monitoring sheet each time they conduct a self-assessment of stroke risk and read instructions for healthy lifestyle. For those with a high level of risk, it is recommended to read the signs and symptoms of a stroke and initial management at home.
- e. Participants were also asked to access features related to health care facilities closest to their location to find out the services available including non-communicable disease prevention services.

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229 f. For participants who are at high risk of stroke, they can also read the information provided
230 in the application including the signs and symptoms of a stroke, the initial handling of a
231 stroke, and post-stroke care at home.
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235 g. If participants experience difficulties, they can communicate with researchers through the
236 message features available in the application.
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239 **Monitoring:**
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241 Monitoring is carried out in the fourth week of every month for 6 months (6 times monitoring).
242

243 The researcher looked at participants' notes on the monitoring sheet.
244
245

246 **Evaluation:**
247

248 Evaluation is carried out at the end of the sixth month to determine healthy living behavior
249 and stroke risk factors.
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252 **2.4.2 Control**
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254 The control group obtained a manual book for a self-assessment of stroke risk, general
255 information of stroke, and a healthy lifestyle to prevent stroke. Participants were taught how to use
256 a manual book, including how to do a self-assessment of stroke risk and learn a healthy lifestyle
257 from the manual book provided. We monitor and evaluate the control group in the same way as
258 the M-sisguide group.
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265 **2.5 Data collection**
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267 We collected the data for 6 months, starting from January to June 2016. We use trained and
268 standardized observers to measure healthy lifestyles and stroke risk. We used the principle of
269 double blind measurement, the observers did not know in which group the measured samples are
270 allocated and vice versa the selected samples also did not know in which group they are allocated.
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285 The tools used to collect the data were The Simple Lifestyle Indicator Questionnaire (SLIQ) to
286 measure the healthy lifestyle variable and the Stroke Risk Score card (SRS) to measure stroke risk
287 [7]. We collect the data two times, before and sixth month after intervention. Psychometric testing
288 of SLIQ proved this instrument has very good test-retest reliability, good internal consistency, and
289 good external validity. Test-retest reliability coefficients of each question on the SLIQ ranging
290 from 0.63 to 0.97. The correlation coefficient (r) between SLIQ scores and blinded reviewers'
291 scores was 0.77 (P = 0.001) [7].
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299 *2.6 Data analysis*

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301 Data analysis in this study was conducted using bivariate and multivariate tests. Bivariate
302 test was conducted to test the equality of characteristics between the two groups, the equality of
303 pre-test between groups, the difference in post-test results between groups, and differences
304 between pre-test and post-test in each group. Multivariate analysis was used to determine the
305 effectiveness of using the M-sisguide application for healthy living behavior and the risk of stroke
306 after the after adjusted by confounding variable.
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314 *2.7 Ethical aspects*

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316 In order to protect all samples and respect the human rights, this study has passed the ethical
317 research review by The Ethical Clearance Division.
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320

321 **3. Results**

322
323 Participants who participated in this study totaled 64 people, 32 in the intervention group
324 and 32 in the control group. There were no participants dropped out or loss of follow-up in this
325 study (fig.2). There were no significant differences of the participant characteristics including
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341 gender, marital status, education, occupation, and age between two groups (table 1). Independent
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343 t-test showed no significant differences in lifestyle behavior before intervention (pre-test) between
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345 the groups (table 2). Healthy Lifestyle behaviors are increased in both groups. Mean score of
346
347 lifestyle behavior in the intervention group increased from 16.59 to 19.16, while in the control
348
349 group increased from 16.75 to 18.06 after the intervention. Further analysis showed that there were
350
351 no significant differences in healthy lifestyle after the intervention between the groups. However,
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353 the magnitude of the increase in the healthy lifestyle behavior was significantly different between
354
355 groups ($p = 0.046$), which is the M-sisguide group showed a greater increase in lifestyle behavior
356
357 compared to the control group. These results prove that the two interventions can improve healthy
358
359 lifestyle in person at risk of stroke, but the use of the M-sisguide shows a better improvement.
360
361 Analysis of healthy lifestyle behavior assessment items in the intervention group showed an
362
363 increase in diet, activity pattern, and stress control after the use of M-sisguide. There is no change
364
365 in smoking habit after the use of this application (table 3). The results indicate that the use of the
366
367 M-sisguide can improve healthy lifestyle behavior, especially in aspects of diet, activity and
368
369 control of stress.
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373 Independent t-test showed no significant differences in stroke risk factors before intervention
374
375 between groups (table 4). The stroke risk after the intervention showed a significant decrease in
376
377 both groups. The score of risk factors in the intervention group decreased from 32.91 to 30.47 after
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379 the intervention, whereas in the control group it decreased from 32.19 to 30.81. Independent t-test
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381 showed that there was no significant difference in stroke risk factors after intervention between
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383 the groups. Although both groups showed a decrease in stroke risk factors, but the M-sisguide
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385 group showed a greater decrease. These results prove that both interventions reduce stroke risk
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397 factors in at-risk person, but the use of the M-sisguide shows a greater reduction in stroke risk
398 factors.
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401 Multi-analysis of covariance test to determine the effect of M-sisguide on healthy lifestyle
402 and stroke risk factors after being controlled by confounding variables (education level,
403 occupation, and age) shows only the intervention which is significantly related to both dependent
404 variables ($p = 0.002$) (table 5). The use of M-sisguide is effective in improving healthy lifestyle
405 and decreasing stroke risk factors after being controlled by confounding variables. The conclusion
406 variables ($p = 0.002$) (table 5). The use of M-sisguide is effective in improving healthy lifestyle
407 and decreasing stroke risk factors after being controlled by confounding variables. The conclusion
408 for each dependent variable shows that age of participants influences their healthy lifestyle ($p =$
409 0.025), but it does not affect the stroke risk (p value = 0.490).
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415 **4. Discussion**

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418 This study proves that the use of the M-sisguide can improve healthy lifestyle and reduce
419 risk factors in persons at risk of stroke. The use of information technology in the promotion and
420 prevention of non-communicable diseases has the opportunity to be widely developed, especially
421 those that can be integrated in smart phones. This is possible because of the widespread use of
422 smart phones at the moment. A survey from the Indonesian Internet Service Providers Association
423 showed that the number of internet users in Indonesia in 2018 was 171.18 million or around 64.8%
424 of the total population of Indonesia. The spread of smartphone and internet users extends not only
425 in urban areas but also in rural areas as much as the service provider network expands. In the past
426 year there has been an increase in people's interest in using information technology to support
427 changes in their health behavior. This contributes to increasing self-control by living a healthy life.
428 The use of information technology in assisting treatment, rehabilitation and self-care efforts can
429 save costs and potentially be widely accepted by the community [8].
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453 M-sisguide is a simple open source progressive web application that can be installed on a
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455 smartphone / computer or accessed directly on the website. There are no significant obstacles in
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457 the use of this application, because most of Indonesia's population currently uses smartphones and
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459 connected to the internet network. Telecommunications providers are now entering into rural
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461 areas, making it easier for residents to access information or applications through the website. M-
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463 sisguide can also be used by respondents offline, however this limits the link to find out the
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465 availability of the nearest health care facility and online communication with health professionals.
466
467 The use of M-sisguide does not require high costs, because this application is an open source
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469 progressive web. Respondents only need to use an internet data package that they commonly use
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471 every day to access this application.
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473
474 The use of M-sisguide does not require special training. We provide a manual book
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476 containing instructions for using the application which contains how to install and steps to use the
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478 features in the application. M-sisguide can be easily replicated and disseminated because it is open
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480 source and can be used by all types of operating systems on smartphones / computers. All contents
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482 and information are in line with the government health programs and national guidelines for
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484 handling non-communicable diseases, especially stroke. M-sisguide is an intervention for the
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486 promotion and prevention of stroke in people at risk that can be integrated in health information
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488 systems at public health centers throughout Indonesia. The use of this application is individual,
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490 confidential, and can be easily used by respondents and health professionals, so it can be widely
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492 accepted and spread in the community. The content and language of M-sisguide uses Indonesian,
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494 which will then be developed in English so that it can be used world-wide.
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M-sisguide allows individuals to know their current level of stroke risk and specific suggestions for reducing these risk factors. The availability of this feature increases individual awareness of stroke risk factors, thus motivating them to seek further information about what they need to do to reduce risk factors and prevent stroke. This is evidenced by the respondents' answers to the survey question that after knowing the level of stroke risk from the m-sisguide application, do they wish to know specific suggestions to avoid a stroke, all respondents with a high risk of stroke (100%) say that they really want to know the specific advice for them, while 80% of respondents at a moderate risk were very curious and 20% were mediocre. This data shows that the more respondents know the risk of stroke they have, the higher their intention to find specific suggestions for lifestyle changes and reduce the level of stroke risk.

Educating on healthy living for persons at risk is needed to reduce the risk factors of stroke and prevent stroke recurrent. Research shows there are high risk factors for stroke in patients before they have a stroke. Research conducted on 4467 stroke patients aged 40-51 years showed the most risk factors were smoking (55.5%), lack of physical activity (48.2%), hypertension (46.6%), dyslipidemia (34.9%), and obesity (22.3%). Increasing age will increase risk factors such as lack of physical activity, hypertension, dyslipidemia, obesity, and diabetes mellitus [9]. Some studies also prove that most post-stroke patients still exhibit unhealthy living behaviors thereby increasing the risk of recurrent stroke. Redfern, Mc Kevitt, Dundas, Rudd, Charles, and Wolfe prove that one year after a stroke, 22% of patients still smoke, 36% are obese and 4% still consume alcohol [10]. Koenig, Whyte, and Munin proved the majority of patients (52%) did not know the risk factors for stroke, 35% could not explain initial treatment if a family member had a stroke, 28% did not comply with treatment, and 26% did not do the medical check up [11].

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565 The use of M-sisguide as a tool to assess the risk of stroke and provide information about
566 healthy lifestyle has been shown to reduce stroke risk factors. Decreasing stroke risk factors can
567 ultimately reduce the incidence of stroke. Sone et al proved that the incidence of stroke recurrence
568 in the group of participants who were given life style interventions was lower than in the
569 conventional group [12]. Other research conducted by Zang et al proves that healthy living
570 behaviors are associated with stroke risk, the more respondents apply healthy living behaviors, the
571 less risk factors for stroke they have [13]. In addition there is an inverse relationship between the
572 number of healthy lifestyle indicators with the total risk of stroke, the incidence of ischemic stroke,
573 and hemorrhagic stroke.
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584 This study proves that the use of the M-sisguide in the intervention group and the self-
585 assessment guide book for stroke risk / individual guidelines for healthy living in the control group
586 both increase healthy behavior and reduce stroke risk factors in at-risk persons. However, the use
587 of the M-sisguide application shows the difference in the increase in healthy living behaviors and
588 a better risk reduction compared to the use of conventional books. This is in line with a systematic
589 review by Beratarrechea et al about the impact of using mobile health (m-health) on patient clinical
590 outcomes, treatment processes, treatment costs, and quality of life in low and middle income
591 countries. The results of the review prove that m-health is a potential tool for increasing access
592 and covering of health services, as well as reducing health service gaps in developing countries.
593 Interventions using m-health show a positive impact on chronic diseases in low and middle income
594 countries [14].
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607 Systematic reviews and meta-analysts about the positive impact of using m-health for
608 secondary prevention in heart disease patients prove that the group of respondents who received
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621 interventions using m-health experienced increased adherence to medical therapy, the ability to
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623 achieve optimal blood pressure targets, increased achievement of physical exercise goals,
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625 decreased anxiety, increased awareness of diet and exercise. The results of the review show the
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627 opposite: there is no increase in quitting smoking efforts, the ability to meet LDL cholesterol
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629 targets that are not increasing, and the same frequency of recurrence. Other studies conducted by
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631 Seo, Kang, Jeon, Lee, Kim, Oh, and Koh on the feasibility of mobile applications for monitoring
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633 and management of stroke risk factors prove that respondents using this application has a
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635 significant increase in achievement of target blood pressure and glycated hemoglobin (HbA1c)
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637 [15]. Carter et al prove that the use of mobile health applications in obese patients encourage them
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639 to know their calorie intake and physical activity more effectively than conventional interventions
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642 [16].
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644 The use of mobile health applications also provides high leverage to help improve outcomes
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646 in the management of chronic diseases. Several studies have proven the effectiveness of using
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648 applications to improve healthy behavior, prevent disease, cure disease, and post-disease
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650 rehabilitation. Research conducted by Kirwan et al proves that the use of smartphone applications
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652 for diabetic patients combined with weekly text message (SMS) support from healthcare
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654 professionals significantly increases glycemic control in type 1 diabetes patients [17]. Other
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656 studies have shown that patients attending cardiac rehabilitation and use of smartphone-based
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658 applications have increased control of cardiovascular risk factors and decreased risk of being
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660 hospitalized within 90 days after discharge [18].
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663 Multivariate analysis in this study proves that the use of m-sisguide is effective in improving
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665 healthy lifestyle and reducing stroke risk factors after being controlled by variables of age,
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673 education level, and occupation. The conclusion for each dependent variable shows that the age of
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677 the participants influences their healthy behavior, but does not affect the risk factors for stroke.
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679 The older they are, the better the healthy life behaviors they show, but the healthy living behaviors
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681 in elderly patients have not been able to change their stroke risk factors. This can happen because
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683 of aging and the presence of other comorbidities will increase the risk of stroke. Education level
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685 and occupation of participants are not related to their lifestyle behavior and stroke risk factors.
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687 Adherence to a healthy lifestyle and efforts to reduce the risk of stroke does not depend on the
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689 level of education and occupation of the participants. These results reinforce the fact that M-
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691 sisguide as a health mobile application can be utilized by all levels of education and occupation.
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696 Analysis of the effect of M-sisguide on aspects of healthy living behavior shows that the use
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698 of this application can improve healthy lifestyle, especially on aspects of diet, activity patterns and
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700 control of stress. A stroke self-assessment conducted by participants can increase their awareness
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702 about the importance of reducing risk factors to prevent stroke. The six months program using the
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704 M-sisguide application is enough to change the behavior of participants including physical activity
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706 at least once a week and change the diet to be healthier as recommended. Likewise, the ability to
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708 control stress increases with increasing awareness to prevent a stroke. The use of M-sisguide has
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710 not been able to change smoking behavior due to many other factors that influence smoking
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712 behavior, such as environmental factors and family support.
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715 **5. Conclusion**

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717 We conclude that the use of M-sisguide application and manual book for self-assessment of
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719 stroke risk, and general information about stroke increase healthy lifestyle and decrease risk factor
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721 of stroke among at risk persons. However, the use of M-sisguide shows a greater impact in
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733 improving healthy lifestyles and decreasing stroke risk factors compared to the use of manuals
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735 book in people at risk. This application is a potential tool used as a self-assessment and information
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737 media for person at risk of stroke.
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741 **Conflicts of interest**

742
743 There is no conflict of interest of all researchers in this study.
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746 **Refference**

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858 with an online and smartphone-based program improves cardiovascular risk factors and
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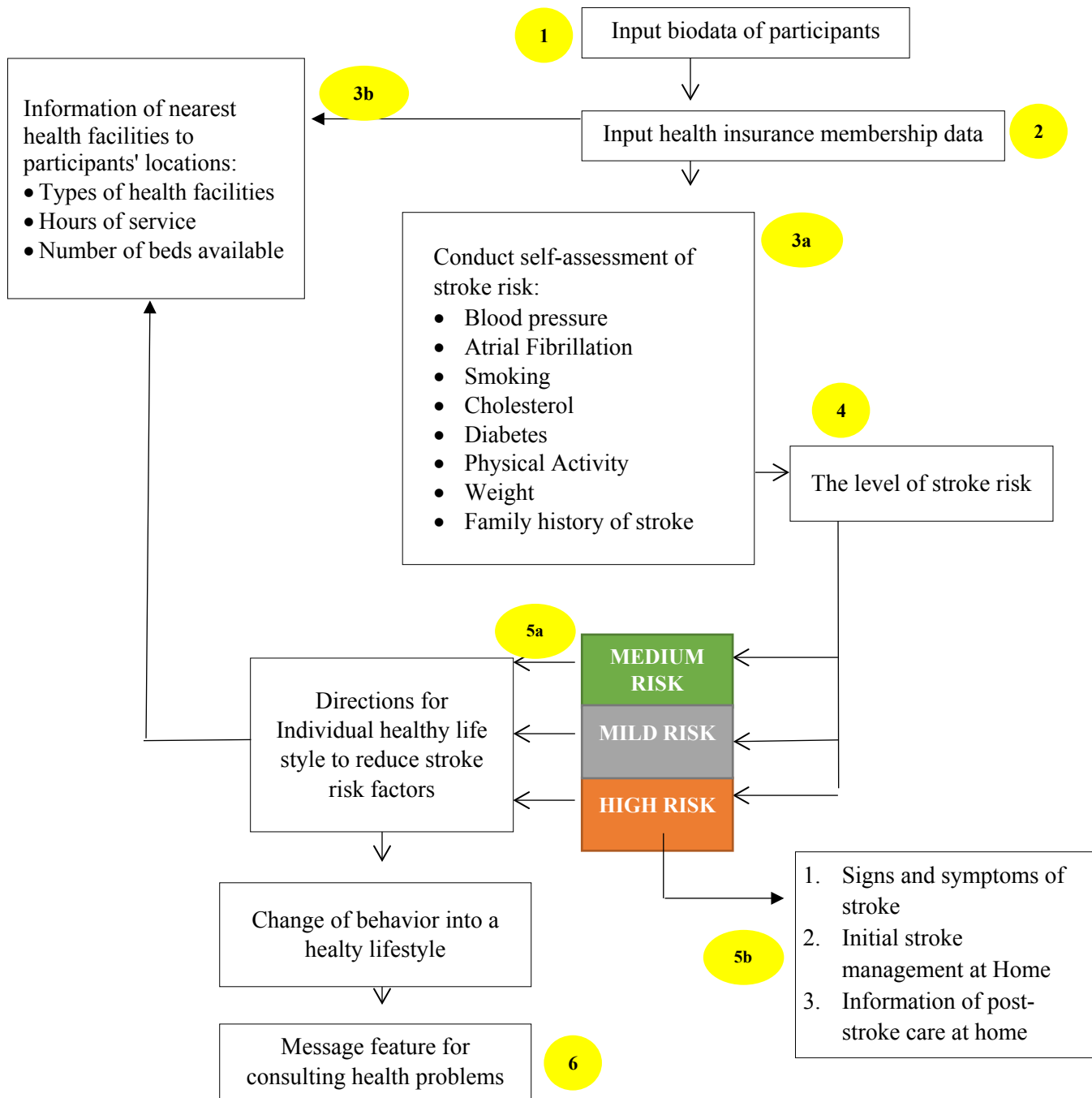


Fig. 1. Flowchart of M-sisguide feature

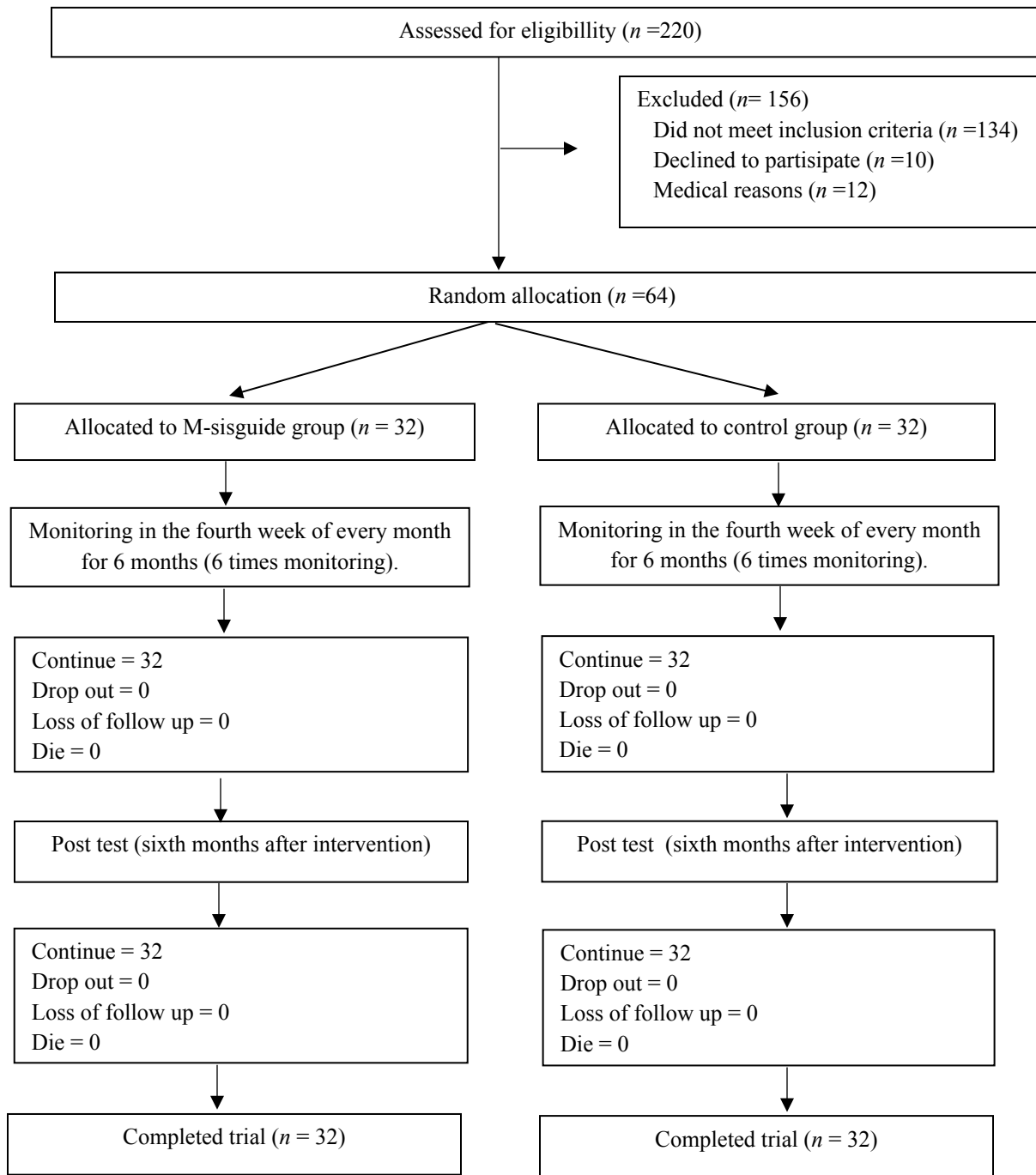


Fig. 2. Flowchart of the trial

Table 1
The characteristics of participants (n=64)

Variabel	Intervention group		Control group		χ^2 or <i>t</i> value	<i>P</i> value
	n	%	n	%		
Sex					2.551	0.110
Male	7	33.3	14	66.7		
Female	25	58.1	18	41.9		
Marital status					1.399	0.238
Marry	29	47.5	32	52.5		
Widow/widower	3	100	0	0		
Education level					0.486	0.784
Under graduate	6	60	4	40		
Senior high school	18	48.6	19	51.4		
Junior high school	8	47.1	9	52.9		
Occupation					2.121	0.548
Civil servants / Army / Police	5	55.6	4	44.4		
Entrepreneur	15	51.7	14	48.3		
Farmer	1	20	4	80		
Housewife	11	52.4	10	47.6		
Participant's age (Mean, SD)	50.2	5.2	51,2	7.7	0.664	0.510

Table 2

The healthy lifestyle score, pre-and post-test in the intervention and control groups (n=64)

Time	Intervention group (n=32)		Control group (n=32)		<i>t value</i>	<i>P value</i>
	Mean	SD	Mean	SD		
Pre-test	16.59	1.521	16.75	2.000	-0.647	0.517
Post-test	19.16	1.986	18.06	3.232	-1.442	0.149
Mean difference (pre- post-test)	2.56	1.831	1.31	2.934	2.045	0.046

Table 3

The change of healthy life behavior pre- and post-intervention in the M-sisguide group

No	Items	Mean		Mean difference	<i>t</i> value	<i>P</i> value
		Pre-test	Post-test			
1.	Diet	5.04	5.47	0.43	-2.946	0.006
2.	Activity	2.94	3.34	0.40	-2.881	0.007
3.	Smoking	3.40	3.60	0.20	-1.414	0.157
4.	Stress	3.87	2.25	-1.62	-4.523	0.001

Table 4

The stroke risk factors score, pre-and post-test in the intervention and control groups (n=64)

Time	Intervention group (n=32)		Control group (n=32)		<i>t</i> value	<i>P</i> value
	Mean	SD	Mean	SD		
Pre-test	32.91	2.506	32.19	2.235	1.211	0.231
Post-test	30.47	2.712	30.81	2.101	-0.567	0.573
Mean difference (pre – post-test)	2.44	1.523	1.38	1.385	2.920	0.005

Table 5

Multivariate analysis of the influence of M-sisguide on healthy lifestyle and stroke risk after being controlled by confounding variables

Independent variables	Dependent variables			
	Healthy lifestyle		Stroke risk factor	
	<i>F</i> value	<i>P</i> value	<i>F</i> value	<i>P</i> value
Education level	0.644	0.426	3.546	0.065
Occupation	0.025	0.874	0.398	0.531
Age	5.260	0.025	0.482	0.490
Intervention (M-sisguide)	4.952	0.030	10.033	0.002

M-SISGUIDE evidence reporting and assessment (mERA) guidelines, including essential criteria:

Criteria	Item no	Notes	Explanation	Page no where item is reported
Infrastructure (population level)	1	Clearly presents the availability of infrastructure to support technology operations in the study location. This refers to physical infrastructure such as electricity, access to power, connectivity etc. in the local context. Reporting X% network coverage rate in the country is insufficient if the study is not being conducted at the country level	Mobile-Stroke Risk Scale And Life Style Guidance (M-sisguide) is an open source progressive web application that can be accessed via smartphone/tablet/computer online to determine the level of stroke risk independently, individual healthy life-style guideline, information media including explanation of stroke, early signs and symptoms, initial treatment at home, post-stroke home care information for high-risk individuals, and information of nearby health care facilities. This application can be widely used by people at risk of stroke by only having a smart phone/ tablet/desktop and connecting to the internet network. This application also provides features for respondents to communicate with health professionals, so they can find out information about stroke prevention and healthy lifestyles directly. The infrastructure needed to operate M-sisguide includes: <ul style="list-style-type: none"> a. Smart phone/tablet/computer with all types of operating systems. b. M-sisguide application software that can be accessed and installed by visiting the link https://app-m-sisguide.id/. c. Internet network to connect the respondent's device with the M-sisguide website, although basically this application can also be installed on a smart phone and operated offline. 	3
Technology platform	2	Describes and provides justification for the technology architecture. This includes a description of software and hardware and details of any modifications made to publicly available software		
Interoperability / Health information systems (HIS) context	3	Describes how mHealth intervention can integrate into existing health information systems. Refers to whether the potential of technical and structural integration into existing HIS or program has been described irrespective of whether such integration has been achieved by the existing system	M-sisguide intervention is an m-health intervention for the promotion and prevention of stroke in people at risk that can be integrated in health information systems at public health centers throughout Indonesia.	9

Criteria	Item no	Notes	Explanation	Page no where item is reported
Intervention delivery	4	The delivery of the mHealth intervention is clearly described. This should include frequency of mobile communication, mode of delivery of intervention (that is, SMS, face to face, interactive voice response), timing and duration over which delivery occurred	The researcher explained in detail about how to install M-sisguide into a smart phone/tablet/computer, register as a user, access all features, fill in the stroke risk assessment form in the application, read healthy lifestyle instructions, and access the availability of the nearest health facility from the respondent's location. Explanation and demonstration of the use of M-sisguide were done face to face with respondents within 1 hour. Researchers provide the opportunity for respondents to discuss and redemonstrate application usage until they understand and are able to use M-sisguide correctly.	4
Intervention content	5	Details of the content of the intervention are described. Source and any modifications of the intervention content is described	<p>The M-sisguide intervention consists of:</p> <ol style="list-style-type: none"> Participants are asked to conduct a self-assessment of stroke risk factors and save the results in the application. Participants are asked to read the instructions for the individual healthy lifestyle as suggested to him/her. Participants are asked to give a checklist in the monitoring sheet each time they conduct a self-assessment of stroke risk and read instructions for healthy lifestyle. For those with a high level of risk, it is recommended to read the signs and symptoms of a stroke and initial management at home. Participants were also asked to access features related to health care facilities closest to their location to find out the services available including non-communicable disease prevention services. For participants who are at high risk of stroke, they can also read the information provided in the application including the signs and symptoms of a stroke, the initial handling of a stroke, and post-stroke care at home. If participants experience difficulties, they can communicate with researchers through the message features available in the application. Monitoring is carried out in the fourth week of every month for 6 months (6 times monitoring). The researcher looked at participants' notes on the monitoring sheet. Evaluation is carried out at the end of the sixth month to determine healthy living behavior and stroke risk factors. 	4-5

Criteria	Item no	Notes	Explanation	Page no where item is reported
Usability/content testing	6	Describe formative research and/or content and/or usability testing with target group(s) clearly identified, as appropriate	M-sisguide's system and its features were developed through formative research as follows: 1) Developing the M-sisguide workflow and its features, 2) Developing a database contains the scale of stroke risk, information about stroke and instructions for individual healthy living, 3) Input the database into the application system, 4) Compiling a manual book, 5) Testing the content validity of the application database by consulting with experts in the field of neuro science, 6) Testing the use of the M-sisguide application in a small group (12 respondents), 7) Revising the data base and application features.	3
User feedback	7	Describes user feedback about the intervention or user satisfaction with the intervention. User feedback could include user opinions about content or user interface, their perceptions about usability, access, connectivity, etc	This is evidenced by the respondents' answers to the survey question that after knowing the level of stroke risk from the m-sisguide application, do they wish to know specific suggestions to avoid a stroke, all respondents with a high risk of stroke (100%) say that they really want to know the specific advice for them, while 80% of respondents at a moderate risk were very curious and 20% were mediocre.	10
Access of individual participants	8	Mentions barriers or facilitators to the adoption of the intervention among study participants. Relates to individual-level structural, economic and social barriers or facilitators to access such as affordability, and other factors that may limit a user's ability to adopt the intervention	M-sisguide is a simple open source progressive web application that can be installed on a smartphone/tablet /computer or accessed directly on the website. There are no significant obstacles in the use of this application, because most of Indonesia's population currently uses smartphones and is connected to the internet network. Telecommunications providers are now entering into rural areas, making it easier for residents to access information or applications through the website. M-sisguide can also be used by respondents offline, however this limits the link to find out the availability of the nearest health care facility and online communication with health professionals.	9
Cost assessment	9	Presents basic costs assessment of the mHealth intervention from varying perspectives. This criterion broadly refers to the reporting of some cost considerations for the mHealth intervention in lieu of a full economic analysis. If a formal economic evaluation has been undertaken, it should be mentioned with appropriate references. Separate reporting criterion are available to guide economic reporting	The use of M-sisguide does not require high costs, because this application is an open source progressive web. Respondents only need to use an internet data package that they commonly use every day to access this application.	

Criteria	Item no	Notes	Explanation	Page no where item is reported
Adoption inputs/ programme entry	10	Describes how people are informed about the programme including training, if relevant. Includes description of promotional activities and/or training required to implement the mHealth solution among the user population of interest	The use of M-sisguide does not require special training. We provide a manual book containing instructions for using the application which contains how to install and steps to use the features in the application. This manual can also be downloaded from the application website. The use of this application does not burden respondents and can be easily used by health professionals, so it can be widely accepted and spread in the community.	9
Limitations for delivery at scale	11	Clearly presents mHealth solution limitations for delivery at scale		
Contextual adaptability	12	Describes the adaptation, or not, of the solution to a different language, different population or context. Any tailoring or modification of the intervention that resulted from pilot testing/usability assessment is described	The content and language of M-sisguide uses Indonesian, which will then be developed in English so that it can be used world-wide.	9
Replicability	13	Detailed intervention to support replicability. Clearly presents the source code/screenshots/ flowcharts of the algorithms or examples of messages to support replicability of the mHealth solution in another setting	M-sisguide can be easily replicated and disseminated because it is open source and can be used by all types of operating systems on smartphones/tablets/computers.	9
Data security	14	Describes the data security procedures/confidentiality protocols	The use of this application is individual and confidential. The data of respondent and their level of stroke risk can only be known by themselves and the health professional admin.	9
Compliance with national guidelines or regulatory statutes	15	Mechanism used to assure that content or other guidance/information provided by the intervention is in alignment with existing national/regulatory guidelines and is described	All content such as the format for assessing the risk of stroke, information about stroke, healthy lifestyle, and available health care facilities, is in line with government programs and National guidelines for handling non-communicable diseases, especially stroke.	9
Fidelity of the intervention	16	Was the intervention delivered as planned? Describe the strategies employed to assess the fidelity of the	All respondents fill out a daily checklist of application usage. This shows that respondents are happy and interested in using the application as a guide in stroke prevention. All respondents of the M-sisguide group followed the	10

intervention. This may include assessment of participant engagement, use of backend data to track message delivery and other technological challenges in the delivery of the intervention

study to completion.

International Journal of Nursing Sciences Manuscript Checklist

To expedite the publication of manuscripts the corresponding author is encouraged to complete this form. Manuscripts should be prepared in accordance with the *Citing Medicine: The NLM (National Library of Medicine) Style Guide for Authors, Editors, and Publishers* (2nd ed., 2007) (<http://www.nlm.nih.gov/citingmedicine>). Only completed manuscript submissions will be considered for further peer-review and publication.

Please read the checklist below carefully and tick the boxes if you confirm that each of the lists is completed.	✓
--	---

General

It is an original research paper and does not currently submit to any other journals	✓
Obtained permission from research ethics review committee and IRB permission is clearly demonstrated in the text	✓
Obtained permission for the use of research instruments and clearly demonstrated in the text; submit permission documents as supporting files.	✓
Check conflicts of interest statement	✓
Professional English editing (with American English spelling) is prerequisite if the author's primary language is not English; submit a supporting document of language editing.	✓

Title page

Supplies first, middle initial, and last names, highest academic degrees, and institutional affiliations of all authors (use superscript letter that corresponds to each author)	✓	
Confirm the spellings of authors' names	✓	
Provides full address, telephone and fax numbers, and email address of a corresponding author	✓	
Supplies statements and the titles of those acknowledged and authors' contribution	Acknowledgement	✓
	Conflicts of interest	✓
	Funding (source of research fund)	✓
	Authors' contribution	✓

Abstract

Includes 4 sections for original article: Objectives, Methods, Results, and Conclusions	✓
Supplies 5 to 8 keywords; use MeSH terms (Keywords should be searched in MeSH)	✓
Keywords should begin with capital letters and be provided in alphabetical order	✓
Provide a Chinese abstract with title, keywords and authors' Chinese name, if possible. Submit Chinese Abstract as a separate file and choose "E-Component" as the file type.	

Highlight

Provide brief items of " What is known? " (What is already know about the topic) and " What is new? " (What is this study added to the topic) before the text body.	✓
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Text

is divided into clearly defined and numbered sections. e.g. 1. Introduction, 2. Methods, 3. Results, 4. Discussion, 5. Conclusion(s). Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...).	✓
is double-spaced all pages; use 12-point type (Times New Roman).	✓

Reference ('Vancouver' system with numbers in text)

updates its list using NLM 2 nd ed.(2007) format and IJNSS Guide for Author.	✓
updates in-text citations using NLM 2 nd ed.(2007) Format and IJNSS Guide for Author	✓
includes DOI number, e.g. http://dx.doi.org/10.1111/j.1365-2648.2006.03899.x	✓
All authors should be listed for no more than 6 authors, for more than 6 authors the first 6 should be listed followed by 'et al.'	✓

Tables

Each table should be placed on a separate page	✓
meet the standards according to NLM 2 nd ed.(2007)	✓
supply titles of all tables	✓
have definitions of all abbreviations used in the form of a note below each table	✓
Abbreviations in a legend are defined at the bottom	✓
Footnotes to appear in the legend use roman superscript alphabet	✓
Statistical symbol should be italics style. e.g. <i>n</i> , <i>Mean</i> ± <i>SD</i> , <i>t</i> or <i>F</i> , <i>r</i> , <i>P</i> .	✓
Please show up to ... (in the tables and the text as well.) - percentage : 1st decimal point - <i>P</i> -value : 3rd decimal point - other value : 2nd decimal point e.g. <i>n</i> (%) <i>Mean</i> ± <i>SD</i> <i>t</i> or <i>F</i> <i>r</i> <i>P</i>	✓

30(12.5)	19.99 ± 4.13	2.29	0.56	0.028	
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Figures

have titles on one separate page titled <i>Figure legends</i>	✓
Do not indicate placement of tables or figures in the text-the editor will automatically place your tables and figures	✓

Standards of reporting (visit online: <http://www.equator-network.org>)

Indicate which guideline (e.g. STROBE, TREND, PRISMA, SQUIRE) that you have referred to: CONSORT	✓
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To: kelana_dharma@yahoo.com

Date: Friday, December 6, 2019 at 03:35 PM GMT+7

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Reference: IJNSS_2019_609

Title: Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

Journal: International Journal of Nursing Sciences

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Date: Wednesday, February 26, 2020 at 12:28 PM GMT+7

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Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

Dear Dr Dharma,

Thank you for submitting your manuscript to International Journal of Nursing Sciences.

I have completed my evaluation of your manuscript. The reviewers recommend reconsideration of your manuscript following minor revision and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Mar 27, 2020.

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Reviewer #1: 1. In the Method section, the authors didn't describe the sampling and statistical method clearly. For example, it is recommended that the patient's demographic information (including sex, age, gender, education level, etc) were briefly described in this section.

2. Page 2 "We used the people at risk of stroke who met the eligibility criteria as a sample; have a risk of stroke in the category of moderate or severe". Please describe the eligibility criteria in detail and provide the related reference.

3. There should be a reference for the source of mobile-stroke risk scale and life style guidance in the section of Method (page3).

4. When write the manuscript, it's better to use several paragraphs with a sentence to describe the key point.

5. For the results, the authors didn't exhibit the descriptive statistics of patient characteristics. They are important and should be shown in the paper.

6. In the paragraph, the authors can only use this number (such as ① ② ③...) without starting another line, or the another line should be started. So please check and correct (see page 4).

7. Authors should comment on the weaknesses of work, if any.

8. There are some grammatical errors, logical or case mistakes in the manuscript, please check and revise them.

Reviewer #2: This research is about using a technology tool (M-sisguide) to increase healthy lifestyles and decrease stroke risk factors. It's an interesting topic and may be helpful to nursing practice. However, there are several major issues and minor issues need to be solved.

Introduction:

1. Most information in the first paragraph is not necessary and it's better to integrate the first two paragraphs.
2. There are several paragraphs about the characteristics of M-sisguide in the discussion section, which should be integrated into the introduction section. And the authors may need to point out information for M-sisguide is evidence-based, if applicable.
3. What has been done in the related research field should be reviewed, and what's the difference between this study and others? This issue is important and needs to be addressed carefully.

Methods:

1. "Setting and sample...We used the people at risk of stroke who met the eligibility criteria as a sample; have a risk of stroke in the category of moderate or severe, aged 40-65 years, never had a stroke before, not undergoing treatment due to chronic illness" (P2)

What's the measurement used to determine the risk of stroke in the category of moderate or severe? Please make it clear.

2. "2.4.1 interveniton...with the M-sisguide website." (P3)

This paragraph is repeated with the introduction section.

3. "We developed this application through the following stages; 1) Developing the M-sisguide workflow and its features" (P4)

Is the developing process evidence-based?

4. "5) Testing the content validity of the application database by consulting with experts in the field of neuro science," (P4)

What're the criteria for experts in the field of neuro science?

5. Intervention d. and f. were repetitive. (P4-P5)

6. Intervention " g. If participants experience difficulties, they can communicate with researchers through the message features available in the application." (p5)

The researchers are clinical staff or research staff? Will this program continue after the research? It will be meaningful if this program can be integrated into current health practice and become a common practice.

7. "Monitoring:

Monitoring is carried out in the fourth week of every month for 6 months (6 times monitoring). The researcher looked at participants' notes on the monitoring sheet." (P5)

Did the researchers give any feedback if they find some unusual information when they looked at participants' notes?

8. "The control group obtained a manual book for a self-assessment of stroke risk, general information of stroke, and a healthy lifestyle to prevent stroke. Participants were taught how to use a manual book, including how to do a self-assessment of stroke risk and learn a healthy lifestyle from the manual book provided." (P5)

Is the information in the manual book the same as that in the M-sisguide application?

9. "We used the principle of double-blind measurement, the observers did not know in which group the measured samples are allocated and vice versa the selected samples also did not know in which group they are allocated." (P5)

How can the selected samples also did not know in which group they are allocated? ?Since they received the intervention, they can obviously know which group they are.

10. "Data analysis in this study was conducted using bivariate and multivariate tests... Multivariate analysis". (P6)

What's the software used? The statistical methods should be more specific. Is the parametric statistical method or non-parametric statistical method used? Have the authors considered the data distribution and other conditions to choose a specific statistical method?

Discussions:

1. There are too many discussions about the M-sisguide itself, which is not necessary. The discussion should focus on the findings of the research.
2. Please point out the limitations and strengths of the research.
3. It may better to discuss the utility and generalization of M-sisguide after discussing findings during this research instead of discussing the utility and generalization of M-sisguide first.

References:

1. The references for recent three years are rare, please added some latest researches in this field.

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Dear: Reviewer

I would like to say thank you very much for reviewing my article entitled: “Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance”. I have revised the article to become fluent and readable in English with appropriate grammar. I've also fixed some parts of the article according to reviewer input:

Introduction:

1. We have integrated the first two paragraphs to minimize unnecessary information (P1)
2. We have integrated the characteristics of M-sisguide in the discussion section into the introduction section (Paragraph 2, 3, 4)
3. We have pointed out the M-sisguide as an evidence-based (2.4.1 Intervention, Paragraph 2).
4. We have reviewed and explained about the research activities in the field of m-health and the difference between this study and others (Paragraph 2).

Methods:

5. We used the Stroke Risk Scorecard (SRS) to determine the risk of stroke in the category of moderate or severe (Paragraph 2).
6. The developing process of M-sisguide is evidence-based (2.1.4 Intervention, Paragraph 2).
7. The criteria of experts to test the content validity of M-sisguide is a clinical neurologist consultant (2.1.4 Intervention, Paragraph 2).
8. We have combined point d. and f (2.1.4 Intervention, Paragraph 3).
9. We used the clinical staff to manage this application because it will be integrated into the current promotive and preventive health program (2.1.4 Intervention, Point f).
10. We give feedback to the participant if we find some unusual information in the monitoring sheet (2.1.4 Intervention, monitoring).
11. The information in the manual book (control group) is the same as that in the M-sisguide application. We monitor and evaluate the control group in the same way as the M-sisguide group (2.4.2 control group)
12. We used the principle of single-blind measurement; the observers did not know in which group the measured samples are allocated (2.5 Data collection)
13. Multivariate analysis in this study was conducted by a multi-analysis of covariance test (parametric test). This analysis aimed to determine the effectiveness of M-sisguide application on a healthy lifestyle and stroke risk factors after adjusted by confounding variables (2.6 Data analysis)

Result:

14. We have explained the descriptive statistics of patient characteristics (3. Result, Paragraph 1).

Discussions:

15. We have focused the discussions on the findings of the research and the utilize of M-sisguide.
16. We have pointed out the limitations of the research (4. Discussion, Paragraph 8).
17. We have discussed the utility and generalization of M-sisguide after discuss the findings in this research.

References:

18. We have added 2 references for the recent two years in this field (Reference no 5 and 17).

I hope this article can be accepted in the International Journal of Nursing Sciences. Thank you so much for your help.

Best regard,
Researcher

Confirming submission to International Journal of Nursing Sciences

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Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

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Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

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Your manuscript has been reviewed. The reviewers recommend reconsideration of your manuscript following major revision and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Jun 10, 2020.

When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments, provide suitable rebuttals for any comments not addressed, and submit a point-by-point response file. Please cite the page number where the revision occurs, and highlight the addition in the text. Without this information, the article may be returned to you for further clarification. Please note that your revised submission may need to be re-reviewed. The decision to publish will be based on the quality of your revision and perhaps additional peer review.

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International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,
Hongli Wang
Editorial Office

International Journal of Nursing Sciences

Editor and Reviewer comments:

If you have any questions please contact me with email:cnaijnss3@163.com.

1.Please add the contents of the two questions (What is known? What is new?) before the introduction.

2.Please check the name(Stroke Risk Scorecard (SRS))of the questionnaire in manuscript.

Please add the reference of this questionnaire.

Please add the description of this questionnaire in 2.2,such as dimensions, items,how to score.

3.Questionnaire:

The source of the questionnaire should be refer to the original literature.

The most important thing is: Did you get permission or authority of use of the questionnaire which were used in your manuscript? Please provide authority documents. Just like the follow contents which the other author's email:

As mention in our study methods, we used 6 scales, the first is CWEQ-II scale which is consisted of JAS scale and ORS scale, as this scales is openly available for non-commercial and research purpose, we did not ask so, the link is here https://www.uwo.ca/fhs/hkl/cweq_download.html

While for the second scale, Maslach Burnout Inventory we used a license as attached. For the QNWL scale, we used the Bahasa Indonesia version from this source <https://e-journal.unair.ac.id/index.php/JNERS/article/view/3856>.

The last scale, PES, we also used the Bahasa Indonesia version here <https://e-journal.unair.ac.id/JEBA/article/viewFile/5823/3727>. As a credit to the author, we cited the original one rather than translated version for the QNWL and PES.

4.Pleases merge the table 2-4.

5.Please revise the table 5 according to the attachments.

6.Please provide the proof the English editing.

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List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.

Examples:

Reference to a journal publication:

[1] Gulpers MJ, Bleijlevens MH, Capezuti E, van Rossum E, Ambergen T, Hamers JP. Preventing belt restraint use in newly admitted residents in nursing homes: a quasi-experimental study. *Int J Nurs Stud* 2012;49(12):1473-9.

Reference to a book:

[2] Strunk Jr W, White EB. *The elements of style*. 4th ed. New York: Longman; 2000.

Reference to a chapter in an edited book:

[3] Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, editors. *Introduction to the electronic age*, New York: E-Publishing Inc; 2009, p. 281–304.

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Reviewer #2: Thanks for the authors' revision. And this version manuscript is overall acceptable.

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2. Check the results of stress in table 3.
3. Have the authors addressed all the reviewers' comments? I Just find the response for one reviewer.

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Dear: Reviewer

I would like to say thank you very much for reviewing my article entitled: "Increasing in the healthy lifestyle and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance". When asking for proofreading assistance, the professional English editing service is advised me to edit the title become: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors".

I have made several revisions according to reviewers' suggestions as follows:

No	Reviewer	Revisions Suggested by Reviewer	Revisions by Authors
1.	1	Please add the contents of the two questions (What is known? What is new?) before the introduction.	<p>What is known? and what is new? written in the introduction section paragraph 2:</p> <p>We need to develop a web progressive or smartphone application for a self-assessment of stroke risk that is linked to the recommended healthy life in accordance with a person's needs, which is connected with the health care provider. This mobile health application (m-health) can be integrated into the national health service system that is used to increase awareness of healthy living and prevent degenerative diseases especially stroke in at-risk populations. Several studies have developed m-health containing information about health and disease that aims to promote health, prevent disease, and treat patients. The m-health application features widely used in previous studies are the assessment of disease symptoms, health program reminders, or feedback for participants who provide their data in the application [5]. So far there is no integrated m-health that has been developed to determine the level of risk of people suffering from the disease, at the same time give healthy lifestyle guidance according to the level of risk they experience, give home-care instructions, and information about the nearest health facility accessible to patients.</p>
2.	1	<ol style="list-style-type: none"> 1. Please check the name (Stroke Risk Scorecard (SRS)) of the questionnaire in manuscript. 2. Please add the reference of this questionnaire. 3. Please add the description of this questionnaire in 2.2, such as 	<ol style="list-style-type: none"> 1. The name of instrument is Stroke Risk Scorecard 2. We have added the reference of this questioner and several researches use this instrument to measure the risk of stroke (2.5 data collection paragraph 1 and 2). 3. We have added the description of stroke risk scorecard in 2.5 data collection paragraph 2: Stroke risk scorecard is an instrument to measure stroke risk consisting of 8 items such as blood pressure, atrial fibrillation, smoking, cholesterol, diabetes, exercise, weight, and stroke in the family. Each item was given a score of 0-2 according to the appropriate category, while body weight was scored using a body mass index. The

			<p>The answer from Dr Marshall Godwin:</p> <p>Yes you may use the SLIQ in your research. Please acknowledge the source of the Lifestyle tool in your reports and articles. See attached</p> <p>Marshall Godwin BMedSc, MD, MSC (Epidemiology), FCFP Clinical Professor of Family Medicine Memorial University of Newfoundland Chair, Section of Researchers Council, CFPC Marshall.godwin@outlook.com</p> <p>1. The Stroke Risk Scorecard (SRS):</p> <p>a. Source: Stroke Risk Scorecard (Lutheran Health Network, 2018) (Reference no.8)</p> <p>b. This instrument was adopted from the National Stroke Association (NSA) which is freely available for non-commercial and research purposes, so we did not ask to use it.</p>
4.	1	Please merge the table 2 and 4.	We have merged the table 2 and 4 (now become table 2).
5.	1	Please revise the table 5 according to the attachments.	We have revised the table 5 according to the attachment file provided by reviewer (now become table 4).
6.	1	Please provide the proof the English editing.	We have provided the proof English editing. Please see the certificate of proofreading from a professional English editing service in the file attached.
7.	1	<p>Reference Style: Text: Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.</p> <p>List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.</p> <p>Examples: Reference to a journal publication: [1] Gulpers MJ, Bleijlevens MH,</p>	We have revised the reference style.

		Capezuti E, van Rossum E, Ambergen T, Hamers JP. Preventing belt restraint use in newly admitted residents in nursing homes: a quasi-experimental study. Int J Nurs Stud 2012;49(12):1473-9.	
8.	2	Please ensure the consistency of reference formating.	We have revised the reference style.
9.	2	Check the results of stress in table 3.	We have checked the result of stress variable in table 3.
10.	2	Have the authors addressed all the reviewers' comments? I Just find the response for one reviewer.	We have addressed all the reviewers' comments.

I hope this article can be accepted in the International Journal of Nursing Sciences. Thank you so much for your help.

Best regard,
Researcher

Proofreading complete: Kelana_Dharma_31052020. (ref. no. 202005-318375)

From: PRS (accoedk@gmail.com)

To: kelana_dharma@yahoo.com

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Use of mobile-stroke risk scale and lifestyle guidance

Increasing in the promote healthy lifestyles and decreasing in stroke risk factors after the use of mobile-stroke risk scale and lifestyle guidance

1. Introduction

The World Health Organization (WHO) estimates that non-communicable diseases (NCDs) are the biggest causes of death; ~~in which~~ 41 million people die every year because of NCDs (71% of all deaths globally) [1]. Data from basic health research shows that stroke prevalence in Indonesia based on diagnosis by health professionals or symptoms ~~was~~ 12.1 per ~~million~~ in ~~populations-people~~ 15 years and ~~above-older~~ in 2013 [2]. An increase in the number of stroke patients, a decrease in quality of life, and ~~a~~ long-time rehabilitation periods ~~cause-lead to a~~ significant economic burdens on the health care system. It ~~is~~ estimated ~~that the~~ total direct and indirect costs due to stroke in the United States ~~during in~~ 2008 ~~at was~~ US\$65.5 billion ~~US dollars~~. Direct costs ~~contributed-accounted for~~ 67% of the total costs, while the remaining 33% ~~came~~ were from indirect costs [3]. Funding through health insurance will not ~~be~~ enough if degenerative diseases such as stroke are not controlled and prevented. ~~Promotive and~~ Preventive efforts are needed by using information technology relevant to developments in the era of globalization and industry 4.0. ~~Nowadays Today~~, most people in urban and rural areas use smartphones not only for communicative functions but also to access various information and share stories on social media. A survey from the Indonesian Internet Service Providers Association showed that the number of internet users in Indonesia in 2018 was 171.18 million or ~~around~~ approximately 64.8% of the total population [4].

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We need to develop a web progressive or smartphone application for a self-assessment of stroke risk that is linked to the recommended healthy life ~~following~~ according to a person's needs, which ~~is are connected with~~ determined in consultation with the health care provider. This mobile health (m-health) application (~~m-health~~) can be integrated into the national health service system that is used to increase awareness of healthy living and prevent degenerative diseases, especially stroke, in at-risk populations. Several studies have developed m-health applications containing information about health and disease that aims to promote health, prevent disease, and treat patients. The m-health application features widely used in previous studies ~~are include~~ the assessment of disease symptoms, health program reminders, or feedback for participants who provide their data in the application [5]. ~~So far~~ To date, there is no integrated m-health application that has been developed to determine the level of risk of people suffering from ~~the disease, and~~ at the same time giving healthy lifestyle guidance according to the level of risk they experience, or providing home-care instructions, and information about the nearest health facility accessible to patients.

The Mobile-Stroke Risk Scale And and Life Style Guidance (M-SISguide) is a simple open-source progressive web application that can be installed on a smartphone/computer or accessed on the website. It is used to determine stroke risk, and offers instructions ~~to for a~~ healthy life-style based on current risk levels. It provides access to, stroke information media ~~including offering~~ general information, as well as information about signs and initial symptoms, early stroke treatment at home, post-stroke rehabilitation, and information on health programs at public health centers or hospitals closest to ~~person locations~~ an individual's home. This mobile application aims to give information ~~for to~~ people at risk of stroke, ~~to~~ increase self-awareness about stroke risk,

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~~to give~~provide guidance on healthy lifestyles, and to ~~give~~offer information on the closest health facilities ~~information~~.

There are no significant obstacles to ~~using~~use M-SISguide because most of Indonesia's population now uses ~~a~~smartphones and ~~are~~connected to the Internet~~network~~. Telecommunications providers are now entering rural areas, making it easier for residents to get access to information or applications through ~~the~~websites. Respondents can also use M-SISguide offline. However, this limits the ~~link~~ability to find ~~out~~the nearest health care facilities available~~ity~~ and ~~prevents~~prevents online communication with health professionals. Using M-SISguide does not ~~need~~require high costs, because this application is an open-source progressive web ~~application~~application. Respondents only need to use an Internet data package ~~that they use~~ every day to access this application.

Using M-SISguide does not require special training. There is a manual book containing instructions for using the application, ~~including which contains~~ how to install ~~the application~~the application and steps ~~to for~~using the features ~~in of~~ the application. M-SISguide can be easily replicated and disseminated because it is open-source and can be used by many operating systems on smartphones/computers. All content and information are in line with the government health programs and national guidelines for handling non-communicable diseases. M-SISguide is an intervention for the promotion and prevention of stroke in people at risk that can be integrated into health information systems at public health centers throughout Indonesia. Using this application is ~~individual~~personal, confidential, and can be easily used by respondents and health professionals, so it can be widely accepted and spread in the community. The content and language of M-SISguide ~~use is~~ Indonesian, ~~which but it~~ will ~~then~~ be developed in English so ~~that~~ it can be used

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worldwide. The purpose of this study ~~was~~ to determine the effectiveness of M-SISguide in ~~improving a~~promoting healthy lifestyles and reducing stroke risk factors in at-risk ~~persons~~ople.

2. Method

2.1 Research design

It was an experimental study with a pre-and post-test control group design.

2.2 Setting and sample

We used ~~the~~people at risk of stroke who met the eligibility criteria ~~as for the~~ sample; ~~have~~ing a risk of stroke in the category of moderate or severe, aged 40–65 years, never had a stroke before, ~~and~~ not undergoing treatment because of chronic illness. We used the Stroke Risk Scorecard (SRS) to determine the risk of stroke. The list of accessible populations (name, address, sex, marital status, education level, occupation, age) was obtained from medical records at 2 Public Health Centers (PHCs) in Singkawang City, 2 in Pontianak City West Kalimantan Province, and 4 in Samarinda City East Kalimantan Province (patients ~~come-go~~ to PHCs for medical check-ups). The sampling method used in this study was systematic random sampling. After determining the sample, we conducted a random assignment using the block method to allocate the sample into the intervention and control groups. We conducted ~~ed~~ home visits to give the interventions to the sample selected.

2.3 Sample size calculation

We used the formula of hypothesis testing for the difference between two population means (two-sided test) to calculate the sample size as [6]:

$$N_1 = N_2 = 2 [(u_\alpha + u_\beta) \sigma/\delta]^2$$

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Based on the formula above, the minimum number of samples for each group is 32 samples.

We base it on calculations of the mean difference of healthy lifestyles between the two groups ($\delta = 4$), the assumption of maximum lost-to-follow-up of 0.82%, 5% α , and power of the test of 80%.

There ~~were~~ no samples dropped out or loss of follow-up during the study.

2.4 Procedure

2.4.1 Intervention

M-SISguide is an open-source progressive web application that can be accessed via smartphone/tablet/computer online to determine the level of stroke risk independently, ~~find~~ individual healthy life-style guidelines, information media explaining stroke, early signs and symptoms, initial treatment at home, post-stroke home care information for high-risk individuals, and information ~~of about~~ nearby health care facilities. This application also provides features for respondents to communicate with health professionals, so they can find out information about stroke prevention and healthy lifestyles. The infrastructure needed to operate M-SISguide includes smartphone/tablet/computer with many suitable operating systems, M-SISguide software that can be accessed and installed by visiting the link <https://app-m-sisguide.id/>, ~~and~~ an Internet network to connect the respondent's device with the M-SISguide website.

Field Code Changed

The develop~~menting~~ process of ~~the M-sisSIS~~guide application is evidence-based through the following stages: (1) developing the M-~~sisSIS~~guide workflow and its features; (2) developing a database contain~~ing~~s the scale of stroke risk, information about stroke and instructions for individual healthy living; (3) ~~Input-inputting~~ the database into the application system; (4) compiling a manual book; (5) testing the content validity of the application database by consulting with ~~a~~ clinical neurologist consultant; (6) testing the use of the M-~~sisSIS~~guide application in a

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small group, (7) ~~Re~~and ~~r~~ revising the database and application features. The flow of the M-~~sis~~SISguide application and its features can be seen in Figure 1. The intervention of the M-~~sis~~SISguide group was carried out in 3 stages: ~~i~~ intervention, monitoring, and evaluation.

Intervention:

- a. We ~~teach~~taught participants in a demonstration ~~about~~ how to install and use the M-~~sis~~SISguide application on a smartphone within 1 hour.
- b. We ~~asked~~ participants to conduct a self-assessment of stroke risk factors and save the results in the application.
- c. We ~~asked~~ participants to read the instructions for the individual healthy lifestyle.
- d. We ~~asked~~ participants to ~~give a checklist in the~~ monitoring sheet each time they ~~conducted~~ a self-assessment of stroke risk and read instructions for a healthy lifestyle. For those with a high level of risk, ~~it is recommended to reading about~~ the signs and symptoms of a stroke and initial management at home ~~was recommended~~.
- e. We ~~asked~~ participants to access features related to health care facilities closest to their location to find out the services available, including non-communicable disease prevention services.
- f. If participants ~~experience~~d difficulties, they ~~can~~ould communicate with clinical staff through the message features available in the application. We used the clinical staff to manage this application because it will be integrated into the current promoti~~ve~~onal and preventive health program.

Monitoring:

Commented [E1]: Do you mean "check off the monitoring sheet"?

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Monitoring ~~was~~ carried out in the fourth week of every month for 6 months (6 times monitoring). The researcher looked at participants' notes on the monitoring sheet. We ~~gave~~ feedback to the participant if we ~~found~~ some unusual information ~~on~~ the monitoring sheet.

Evaluation:

Evaluation ~~was~~ carried out at the end of the sixth month to determine healthy living behavior and stroke risk factors.

2.4.2 Control

The control group obtained a manual book for a self-assessment of stroke risk, general information ~~of~~ ~~on~~ strokes, and ~~tips for~~ a healthy lifestyle to prevent stroke. We taught participants how to use ~~a~~ ~~the~~ manual book, including how to do a self-assessment of stroke risk and learn a healthy lifestyle from the manual book provided. The information in the manual book is the same as that in the M-~~sisSIS~~guide application. We ~~monitored~~ and ~~evaluated~~ the control group in the same way as the M-~~sisSIS~~guide group.

2.5 Data collection

We collected the data for 6 months, ~~starting~~ from January to June 2019. We use trained and standardized observers to measure healthy lifestyles and stroke risk. We used the principle of single-blind measurement; the observers did not know ~~in~~ ~~to~~ which group the measured samples ~~are~~ allocated. The tools used to collect the data were The Simple Lifestyle Indicator Questionnaire (SLIQ) to measure the healthy lifestyle variable [7] and the SRS to measure stroke risk [8]. We ~~collected~~ the data ~~twice times~~, before ~~the intervention~~ and the sixth month after the intervention. Psychometric testing of ~~the~~ SLIQ proved this instrument has a very good test-

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retest reliability, good internal consistency, and good external validity. Test-retest reliability coefficients of each question on the SLIQ ranged from 0.63 to 0.97. The correlation coefficient (r) between SLIQ scores and blinded reviewers' scores was 0.77 (p = 0.001) [7].

The Stroke Risk Scorecard (SRS) consisted of 8 items such as blood pressure, atrial fibrillation, smoking, cholesterol, diabetes, exercise, weight, and stroke in the family. Each item was given a score of 0–2 according to the appropriate category, while body weight was scored using a body mass index. The higher the score, indicates the more risk a person has of a stroke. The Stroke Risk Scorecard has been widely used in research to measure the risk of stroke has been widely used in research, including research of Alzahrani et al. [9], Srywahyuni et al. [10], Hasan et al. [11], and Aycock et al. [12].

2.6 Data analysis

Data analysis in this study was conducted using bivariate and multivariate tests. We conducted the bivariate test to test-check the equality of characteristics between the two groups, the equality of the pre-test between groups, the difference in post-test results between groups, and differences between the pre-test and post-test in each group. Multivariate analysis in this study was conducted by a multi-analysis of covariance test (parametric test). This analysis aimed to determine the effectiveness of the M-sisSIS guide application on promoting a healthy lifestyle and reducing stroke risk factors after adjusted-adjusting for by confounding variables.

2.7 Ethical aspects

To protect all samples and respect human rights, this study has passed the ethical research review by The Ethical Clearance Division.

3. Results

Participants who took part in this study totaled 64 people, 32 in the intervention group and 32 in the control group. There were no participants dropped out or lost during follow-up in this study (Fig.2). The descriptive statistic shows that the number of female participants was more than the male participants (58.1% in the intervention group and 41.9% in the control group). Based on marital status, most participants were married (47.5% in the intervention group and 52.5% in the control group). Based on education level, most participants had graduated from senior high school (48.6% in the intervention group and 51.4% in the control group). Based on occupation, most participants in both groups were entrepreneurs (51.7% in the intervention group and 48.3% in the control group). The average age of participants in the intervention group was 50.16 years, while in the control group, it was 51.25 years old. There were no significant differences in the participant characteristics including in terms of gender, marital status, education, occupation, and age between the two groups (Table 1).

The independent t-test showed no significant differences between the groups in lifestyle behavior before intervention (pre-test) between the groups (Table 2). Healthy lifestyle behaviors are increased in both groups after the intervention. The mean score of lifestyle behavior in the intervention group increased from 16.59 to 19.16, while in the control group it increased from 16.75 to 18.06 after the intervention. Further analysis showed that there were no significant differences between the groups in a healthy lifestyles after the intervention between the groups. However, the magnitude of the increase in the healthy lifestyle behavior was different between

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groups ($p = 0.046$), ~~which is~~ ~~The M-sisguide group showed~~ ~~There was~~ a greater increase in healthy lifestyle behavior in the M-SISguide group compared to the control group. These results prove that the two interventions can ~~improve-promote a~~ healthy lifestyles in ~~person-people~~ at risk of stroke, but the use of the M-sisSISguide ~~shows a~~ indicated better-greater improvement. Analysis of healthy lifestyle behavior assessment items in the intervention group showed an increase in healthy diets, activity patterns, and stress control after the use of the M-sisSISguide. There ~~was~~ no change in ~~the~~ smoking habits after the use of this application (Table 3). The results ~~show-confirm~~ that the use of the M-sisSISguide can improve healthy lifestyle behavior; in aspects-terms of diet, activity, and control of stress.

~~The~~ ~~independent~~ t-test showed no significant differences between groups in stroke risk factors before intervention ~~between groups~~ (Table 2). ~~The~~ ~~s~~ Stroke risk after the intervention ~~showed a~~ significantly decreased in both groups. The ~~score of~~ risk factor score in the intervention group decreased from 32.91 to 30.47 after the intervention, whereas in the control group it decreased from 32.19 to 30.81. ~~Independent~~ ~~The independent~~ t-test ~~show-revealed~~ that there was no significant difference between the groups in stroke risk factors after intervention ~~between the groups~~. Although both groups ~~showe~~ had a decrease in stroke risk factors, the M-sisSISguide group ~~showe~~ had a greater decrease. These results prove that both interventions reduce stroke risk factors in at-risk people, but the use of the M-sisSISguide ~~shows~~ led to a greater reduction in stroke risk factors.

Multivariate analysis to determine the effect of the M-sisSISguide on a healthy lifestyle and stroke risk factors after ~~being-controlling for~~ led by confounding variables (education level, occupation, and age) shows only the intervention ~~which is~~ related to healthy lifestyle ($p = 0.030$)

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and stroke risk ($p = 0.002$) ~~as effective~~ (Table 4). Using ~~the M-sisSIS~~guide is effective in ~~improving-promoting~~ a healthy lifestyle and decreasing stroke risk factors after ~~being-controlleding~~ ~~for-by~~ confounding variables. The conclusion for each dependent variable ~~showindicates~~ that the age of participants influence~~ds~~ their healthy lifestyle ~~choices~~ ($p = 0.025$); but it ~~deedids~~ not affect their stroke risk ($p = 0.490$).

4. Discussion

This study proves that the use of ~~the M-sisSIS~~guide in the intervention group and the self-assessment guide book for stroke risk-/individual guidelines for healthy living in the control group both increase healthy behavior and reduce stroke risk factors in at-risk ~~personsople~~. However, the use of the ~~M-sisSIS~~guide application ~~shows the difference-reveals in~~ the increase in healthy living behaviors and ~~a~~ better risk reduction compared to the use of conventional books. Analysis of ~~the M-sisSIS~~guide's effect on healthy living behavior shows that the use of this application can ~~improve-support~~ a healthy lifestyle, ~~on aspects of with regard to~~ diet, activity patterns, and control of stress. Multivariate analysis in this study prove~~ds~~ that the use of ~~the M-sisSIS~~guide is effective in ~~improvecourag~~ing a healthy lifestyle and reducing stroke risk factors after ~~being-controllinged~~ ~~by-for~~ variables of age, education level, and occupation. The conclusion for each dependent variable shows that the age of the participants influences their health behavior, but does not affect the risk factors for stroke. The older they ~~were~~, the ~~better-themore~~ healthy ~~lifestyle~~ behaviors they ~~showdisplayed~~, but the healthy living behaviors in the elderly could not change their stroke risk factors.

~~Using-The use of~~ information technology in the ~~promotion and~~ prevention of non-communicable diseases has ~~the opportunities~~ to be widely developed, especially those that can

Commented [E2]: I added this because it seems to me the sentence was incomplete. If this is not correct, then you need to add something else about the effect of the M-SISguide.

Commented [E3]: You don't say "promotion ... of non-communicable diseases."

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be integrated into smartphones. This is possible because of the widespread use of smartphones at the moment. The spread of smartphone and internet users ~~extends is prevalent~~ not only in urban areas but also in rural areas; ~~as due to much as the~~ service provider network ~~expansions~~ [4]. In the past year, there has been an increase in people's interest in using information technology to support changes in their health behavior. ~~This contributes to increasing self-control by living a healthy life.~~ Using information technology in assisting treatment, rehabilitation, and self-care efforts can save ~~on~~ costs and ~~potentially~~ be ~~potentially~~ widely accepted by the community [13]. This is in line with a systematic review by ~~Beratarrechea et al.~~ about the impact of using ~~mobile health (m-health) applications~~ on patient clinical outcomes, treatment processes, treatment costs, and quality of life in low- and middle-income countries. The results of the review prove that m-health is a potential tool for increasing access and covering health services ~~and as well as~~ reducing health service gaps in developing countries. Interventions using m-health ~~show have~~ a positive impact on chronic diseases in low- and middle-income countries [14].

The ~~M-sis~~SISguide allows participants to know their current level of stroke risk and specific suggestions for reducing these risk factors. The availability of this feature increases their awareness of the stroke risk factors, thus motivating them to seek further information about what they need to do to reduce risk factors and prevent strokes. This is evidenced by the respondents' answers to the survey question: ~~that after knowing the level of stroke risk from the M-sis~~SISguide application, do they wish to know specific suggestions to avoid a stroke, ~~a~~All respondents at high risk of stroke (100%) ~~said~~ that they wanted to know the specific advice for themselves, while 80% of ~~the~~ respondents at moderate risk were very curious, and 20% were ~~mediocre~~. This data shows that the more respondents know ~~about their~~ risk of stroke ~~they have~~, the higher their

Commented [E4]: Just because people have self-control does not mean they exercise self-control by living healthy lives. This sentence needs to be rewritten more carefully. You could say "This contributes to increasing self-control over one's health and lifestyle choices."

Commented [E5]: You need a reference number.

Commented [E6]: This needs to be turned into a question exactly like the one on the survey. Could you say something like this: "After knowing the level of stroke risk from the M-SISguide application, do you wish to have specific suggestions for avoiding a stroke?"

Commented [E7]: This is not an appropriate adjective. Do you mean they were "not interested"?

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intention to find specific suggestions for lifestyle changes and reduce the level of stroke risk. The six-months program using the M-sisSISguide application is enough to change the behavior of participants, including adding physical activity at least once a week and changing the diet to be a healthier one, as recommended. Likewise, the ability to control stress increases with increasing awareness of how to prevent a stroke. Using the M-sisSISguide could not change smoking behavior due to many other factors that influence smoking behavior, such as environmental factors and family support.

Educating on healthy living for people at risk is needed to reduce the risk factors of stroke and prevent stroke recurrence. Research shows there are high-risk factors for stroke in patients before they have a stroke. Research conducted on 4,467 stroke patients aged 40–51 years showed the most highest risk factors were smoking (55.5%), lack of physical activity (48.2%), hypertension (46.6%), dyslipidemia (34.9%), and obesity (22.3%). Increasing age will increase risk factors such as lack of physical activity, hypertension, dyslipidemia, obesity, and diabetes mellitus [15]. Some studies also prove that most post-stroke patients still exhibit unhealthy living behaviors, thereby increasing the risk of recurrent strokes. Redfern, Mc-Kevitt, Dundas, Rudd, Charles, and Wolfe prove that one year after a stroke, 22% of patients still smoked, 36% were obese, and 4% still consumed alcohol [16]. Koenig, Whyte, and Munin proved most patients (52%) did not know the risk factors for stroke, 35% could not explain the initial treatment if a family member had a stroke, 28% did not comply with treatment, and 26% did not do the medical check-up [17].

Using the M-sisSISguide as a tool to assess the risk of stroke and provide information about a healthy lifestyle has been shown to reduce stroke risk factors. Decreasing stroke risk factors can

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reduce the incidence of strokes. Sone et al. proved that the incidence of stroke recurrence in the group of participants who were given lifestyle interventions was lower than in the conventional group [18]. Other research conducted by Zang et al. proves that healthy living behaviors are associated with stroke risk; the more respondents apply healthy living behaviors, the fewer risk factors for stroke they have [19]. There is an inverse relationship between the number of healthy lifestyle indicators ~~with-and~~ the total risk of stroke, the incidence of ischemic stroke, and hemorrhagic stroke.

Systematic reviews and meta-analyses about the positive impact of using m-health for secondary prevention in heart-disease patients ~~prove-verify~~ that the group of respondents who received interventions using m-health experienced increased adherence to medical therapy, the ability to achieve optimal blood pressure targets, increased achievement of physical exercise goals, decreased anxiety, ~~and~~ increased awareness of diet and exercise. The results of the review ~~show~~ ~~indicate~~ the opposite: There is no increase in ~~efforts to quitting~~ smoking ~~efforts~~, the ability to meet LDL cholesterol targets ~~that~~ are not increasing, and ~~there is the~~ same frequency of recurrence. Other studies on the feasibility of mobile applications for monitoring and management of stroke risk factors ~~prove-ascertain~~ that respondents using this application have a significant increase in the achievement of target blood pressure and glycated hemoglobin (HbA1c) [20]. Carter et al. ~~prove-confirm~~ that the use of mobile health applications in obese patients encourages them to know their calorie intakes and physical activity more effectively than conventional interventions [21].

Using mobile health applications also provides high leverage ~~to-in~~ ~~helping to~~ improve outcomes in the management of chronic diseases. Several studies have ~~proven-demonstrated~~ the effectiveness of mobile applications ~~to-in~~ ~~improving~~ health behavior, ~~preventing~~ disease, ~~curing~~

Commented [E8]: Whose review?

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disease, and post-disease rehabilitation. A systematic review of the effectiveness of behavioral interventions using m-health applications in chronic disease management proves that the use of these applications is beneficial in improving self-management and some health outcomes. ~~10-Ten~~ randomized controlled trials (RCTs) ~~study~~ out of a total of 12 reviewed, showed ~~a~~-significant improvements in several health outcomes [5]. García, Tomás, Parra, and Lloret developed the m-health application to detect and monitor stroke signs and symptoms using cloud services. This application detects stroke through 3 signs and symptoms, including a smile to determine facial symmetry, ~~a~~-voice to determine whether a sentence is pronounced correctly, and arm movements to determine motor ability in extremities. The results ~~show~~verified the ability of this application ~~in-to~~ detecting stroke symptoms [22]. The use of smartphone applications for diabetic patients combined with ~~a~~-weekly text message (SMS) support from healthcare professionals increased ~~d~~s glycemic control in type 1 diabetes patients [23]. Other studies have shown that patients attending cardiac rehabilitation and ~~the use of~~using smartphone-based applications have increased control of cardiovascular risk factors and decreased ~~the~~-risk of being hospitalized within 90 days after discharge [24].

The limitation of this study is ~~in~~ the area of generalization, ~~which~~. ~~The study~~ is limited to the population at risk of stroke who ~~has~~ devices such as smartphones/laptops that are connected to the Internet ~~network~~. The results of this study cannot be applied ~~for the~~to people who are not accustomed to smartphones and ~~for-to~~ those who have difficulty accessing information from mobile applications.

5. Conclusion

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We conclude that the use of the M-sisSISguide application and manual book for self-assessment of stroke risk; ~~and as well as~~ general information about strokes increase ~~a~~ healthy lifestyles and decrease the risk factors ~~of for~~ stroke among at-risk ~~personsople~~. However, the use of the M-sisSISguide ~~shows a greater impact~~ is better for ~~on improve~~ encouraging healthy lifestyles and decreasing stroke risk factors compared to the use of the manual book ~~in among~~ people at risk. This application is a potential tool that can be used ~~as afor~~ self-assessment and as information media for people at risk of stroke.

Acknowledgment

We thank the Health Polytechnic of the Ministry of Health Pontianak Indonesia for funding this study, the respondents for participating in this study, and Marshall Godwin for granting permission to use the Simple Lifestyle Indicator Questionnaire (SLIQ).

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2. Please add the full name of SRS in 2.5.

3. Simplify the description in the results, and do not repeat the contents in the table.

The style of data in the table 2 and 3 should be (mean \pm SD). The decimal places of data should also be consistent.

The mean difference (pre – post-test) of data in table didn't obey the normal distribution. Therefore, t-test as a statistical method is unusefulness. So please delete the mean difference (pre – post-test) of comparison between the two groups.

Because the difference of data between the two groups was not big. Please retain the negative results in Table 2.

The R2 datas of multivariate analysis were too low, so please delete the table 4.

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Dear:
Reviewer

I would like to say thank you very much for reviewing my article entitled: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors".

I have made several revisions according to reviewers' suggestions as follows:

No	Editor and Reviewer Comments	Revisions by Authors
1.	What is mean about "two population means" you mentioned in 2.3 of manuscript? How to calculate the sample size ?	<p>We used the formula of hypothesis testing for the difference between two population means (two-sided test) to calculate the sample size. "Two population means": a hypothesis testing comparing numerical dependent variables (means score) between two populations (groups) (the intervention and control group).</p> <p>We use this reference: Lemeshow S, Hosmer DW, Klar J, Lwanga SK, World Health Organization (WHO). Adequacy of Sample Size in Health Studies. 1990. Link e-book: https://apps.who.int/iris/bitstream/handle/10665/41607/0471925179_eng.pdf;sequence=1 page 39</p> <p>We calculate the sample size based on the formula as follows: $n1 = n2 = \frac{2\sigma^2 (z_{1-\alpha/2} + z_{1-\beta})^2}{(\mu_1 - \mu_2)^2} = \frac{2 (5,7)^2 (1,96 + 0,84)^2}{(12-8)^2} = 32$</p>
2.	Please add the full name of SRS in 2.5	We have add full name of SRS in the text (2.5)
3.	<p>a. Simplify the description in the results, and do not repeat the contents in the table.</p> <p>b. The style of data in the table 2 and 3 should be (mean±SD). The decimal places of data should also be consistent.</p> <p>c. The mean difference (pre – post-test) of data in table didn't obey the normal</p>	<p>a. We have simplified the description in the results especially in the explanation of table 1 (page 8)</p> <p>b. We have modified the style of data in the table 2 and 3 (mean±SD).</p> <p>c. We have deleted the mean difference (pre – post-test) of comparison between the two groups in the table 2 and 3.</p> <p>d. We have retained the negative results in Table 2.</p> <p>e. We have deleted the table 4.</p> <p>f. We have analyzed the negative result and added the explanation into the end of discussion section (page 14).</p> <p>g. We have added the limitation of the manuscript into the end of discussion section (page 14):</p> <p>This study shows a slight difference in stroke risk and a healthy lifestyle after the intervention in both groups. This shows that the use of the M-SISguide application provides little leverage in promoting a healthy lifestyle and reduces stroke risk compared to the guidebook. We analyze that this is because the substance</p>

	<p>distribution. Therefore, t-test as a statistical method is unuseful. So please delete the mean difference (pre – post-test) of comparison between the two groups.</p> <p>d. Because the difference of data between the two groups was not big please retain the negative results in Table 2.</p> <p>e. The R2 data of multivariate analysis were too low, so please delete the table 4.</p> <p>f. The results of your article should be analysed around the data in Tables 2 and 3.</p> <p>g. The main purpose of your article is to introduce your intervention methods. You can analyse the causes of negative results. And add the limitations of the manuscript.</p>	<p>of stroke risk self-assessment and personal healthy lifestyle information using the manual book in the control group is the same as the M-SISguide application in the intervention group. A big difference can be achieved if participants read more information in the M-SISguide application and apply it in everyday life. In this case, we need to simplify the use of features in the application and change the appearance of the M-SISguide so that it is more attractive for the participants.</p>
--	---	---

I hope this article can be accepted in the International Journal of Nursing Sciences. Thank you so much for your help.

Best regard,
Researcher

Confirming submission to International Journal of Nursing Sciences

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To: kelana_dharma@yahoo.com

Date: Saturday, June 6, 2020 at 01:32 AM GMT+7

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Manuscript Number: IJNSS_2019_609R3

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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From: International Journal of Nursing Sciences (em@editorialmanager.com)

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Date: Tuesday, June 16, 2020 at 09:54 AM GMT+7

Manuscript Number: IJNSS_2019_609R3

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

Dear Dr Dharma,

Thank you for submitting your manuscript to International Journal of Nursing Sciences.

Your manuscript has been reviewed. The reviewers recommend reconsideration of your manuscript following major revision and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Jul 15, 2020.

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International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,

Editorial Office

International Journal of Nursing Sciences

Editor and Reviewer comments:

Your manuscript has been accepted.

Please find the IJNSS-INVOICE in attachment. And pay relevant fees in time.
Please add the contents of two questions(What is known?What is new?)before the introduction of manuscript.
Please check the author's name of title page.
Please send the revised manuscript through the website as soon as possible.

If you have any questions, please contact me with email:cnaijnss3@163.com.

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Dear:
Editor International Journal of Nursing Sciences

We would like to say thank you very much for accepting our article entitled: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors" published in the International Journal of Nursing Sciences.

We have added the contents of two questions (What is known? What is new?) before the introduction of the manuscript.

Thank you very much for your help.

Best regard,
Researchers

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To: kelana_dharma@yahoo.com

Date: Friday, June 26, 2020 at 05:08 PM GMT+7

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Manuscript Number: IJNSS_2019_609R4

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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Manuscript Number: IJNSS_2019_609R4

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International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,

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International Journal of Nursing Sciences

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So I through the system.

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Thank you.

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Journal 期刊	<i>International Journal of Nursing Sciences</i> (IJNSS) 国际护理科学 (英文)
Title of Manuscript 论文题目 (中、英文)	Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors 移动应用程序在预防脑卒中健康教育中的效果研究
Manuscript Number 稿号	IJNSS_2019_609
Funding 基金项目	
Authors' names 作者姓名	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____
Corresponding author 通信作者	Name 姓名: Email 邮箱: Mobile phone 电话:

28/F, Tower C, Chengming Building, No.2 Xizhimen South Street, Xicheng District, Beijing 100035
China

Tel: +86-10-53779542

E-mail: cnajns1@163.com

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Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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To: kelana_dharma@yahoo.com

Date: Monday, July 20, 2020 at 03:03 PM GMT+7

Manuscript Number: IJNSS_2019_609R5

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

Dear Dr Dharma,

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International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,

Editorial Office

International Journal of Nursing Sciences

Editor and Reviewer comments:

There are some details should be added in the manuscript.

1. Please add the source place of the research object in abstract.
2. How many items did the The Simple Lifestyle Indicator Questionnaire (SLIQ) contain? How did each item evaluated?

I have found the questionnaire include 12 questions (three on diet, three on physical activity, three on alcohol consumption, two on smoking, and one on stress).

But you have mentioned only four items in table 2.
Please check it.

3. Please add the position of Figure 1 in manuscript.
4. Please check the methods of statistical analysis. Did you use the paired t-test?
5. Please revise the figure 1. Figure 1 didn't need color. Please shrink the blank space in "Conduct self-assessment of stroke risk" text box.

If you have any questions, please contact me with email: cnaijnss3@163.com.
Please revise as soon as possible.

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Dear:
Reviewer

I would like to say thank you very much for accepting my article entitled: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors" to be published International Journal of Nursing Sciences

I have made several revisions according to editor and reviewers' suggestions as follows:

No	Editor and Reviewer Comments	Revisions by Authors
1.	Please add the source place of the research object in abstract	We have added the source place of the research object in abstract: The accessible population is persons at risk of stroke in the community (West and East Kalimantan Province, Indonesia).
2.	How many items did The Simple Lifestyle Indicator Questionnaire (SLIQ) contain? How did each item evaluate? I have found the questionnaire include 12 questions (three on diet, three on physical activity , three on alcohol consumption , two on smoking , and one on stress). But you have mentioned only four items in table 2. Please check it.	The Simple Lifestyle Indicator Questionnaire (SLIQ) contain 12 items and four dimensions (physical activity, alcohol consumption, smoking, and stress). We have revised and replaced the word "items" to "domains" in table 3.
3.	Please add the position of Figure 1 in manuscript	We have added the position of Figure 1 in the manuscript (page 6)
4.	Please check the methods of statistical analysis. Did you use the paired t-test?	We used a bivariate test (independent t-test) to test differences in outcome variables between groups, paired t-tests to test differences in outcome variables between measurements in each group (we have added the explanation of statistical analysis paired t-test in page 9). We also use a multivariate analysis (multi-analysis of covariance tests) to determine the effect of the M-SISguide on a healthy lifestyle and stroke risk factors after controlling for confounding variables (education level, occupation, and age) as explained on page 10.

5.	Please revise the figure 1. Figure 1 didn't need colour. Please shrink the blank space in "Conduct self-assessment of stroke risk" text box.	We have revised he figure 1 (no colour) and we have shrink the blank space in "Conduct self-assessment of stroke risk" text box.
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I hope this article can be published in the International Journal of Nursing Sciences sooner. Thank you so much for your attention.

Best regard,
Authors

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Date: Tuesday, July 21, 2020 at 04:04 PM GMT+7

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Manuscript Number: IJNSS_2019_609R6

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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From: International Journal of Nursing Sciences (em@editorialmanager.com)

To: kelana_dharma@yahoo.com

Date: Wednesday, July 22, 2020 at 09:23 AM GMT+7

Manuscript Number: IJNSS_2019_609R6

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

Dear Dr Dharma,

Thank you for submitting your manuscript to International Journal of Nursing Sciences.

Your manuscript has been reviewed. The reviewers recommend reconsideration of your manuscript following minor revision and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Jul 25, 2020.

When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments, provide suitable rebuttals for any comments not addressed, and submit a point-by-point response file. Please cite the page number where the revision occurs, and highlight the addition in the text. Without this information, the article may be returned to you for further clarification. Please note that your revised submission may need to be re-reviewed. The decision to publish will be based on the quality of your revision and perhaps additional peer review.

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International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,

Editorial Office

International Journal of Nursing Sciences

Editor and Reviewer comments:

1. I have found the Simple Lifestyle Indicator Questionnaire include four dimensions(diet,physical activity, alcohol,stress)on the website.Please find the attachment.

You have mentioned The Simple Lifestyle Indicator Questionnaire (SLIQ) contain 12 items and four dimensions (physical activity, alcohol consumption, smoking, and stress) in response to reviewers, but the dimention in table 3 were diet,activity,smoking,stress.The dimensions were not consistent.

Please check the dimensions and contents of the questionnaire again.

2.Please add the description in 2.5,such as how many questions did The Simple Lifestyle Indicator Questionnaire (SLIQ) contain?how did each dimension evaluate?

If you have any questions,please contact me with email:cnaijnss3@163.com

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The Simple Lifestyle Indicator Questionnaire (SLIQ).png

73.9kB

Dear:
Reviewer

I would like to say thank you very much for accepting my article entitled: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors" to be published International Journal of Nursing Sciences

I have made several revisions according to editor and reviewers' suggestions as follows:

No	Editor and Reviewer Comments	Revisions by Authors
1.	<p>I have found the Simple Lifestyle Indicator Questionnaire include four dimensions (diet, physical activity, alcohol, stress) on the website. Please find the attachment.</p> <p>You have mentioned The Simple Lifestyle Indicator Questionnaire (SLIQ) contain 12 items and four dimensions (physical activity, alcohol consumption, smoking, and stress) in response to reviewers, but the dimensions in table 3 were diet, activity, smoking, stress. The dimensions were not consistent.</p> <p>Please check the dimensions and contents of the questionnaire again.</p>	<p>We apologize for the misinformation that we conveyed in response to reviewers before.</p> <p>SLIQ consists of 12 questions in 5 categories (3 on diet, 3 on physical activity, 3 on alcohol consumption, 2 on smoking, and 1 on stress) (explanation in 2.5). There were no respondents consume alcohol in this study (explanation in page.10), so we only analyze the differences in the score of the pre-test and post-test in 4 domains (diet, physical activity, smoking, and stress).</p>
2.	<p>Please add the description in 2.5, such as how many questions did The Simple Lifestyle Indicator Questionnaire (SLIQ)</p>	<p>We have added the description of SLIQ in 2.5</p>

	contain? how did each dimension evaluate?	
--	---	--

I hope this article can be published in the International Journal of Nursing Sciences sooner. Thank you so much for your attention.

Best regard,
Authors

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To: kelana_dharma@yahoo.com

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Manuscript Number: IJNSS_2019_609R7

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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To: kelana_dharma@yahoo.com

Date: Friday, July 24, 2020 at 01:21 PM GMT+7

Manuscript Number: IJNSS_2019_609R7

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

Dear Dr Dharma,

Thank you for submitting your manuscript to International Journal of Nursing Sciences.

Your manuscript has been reviewed. The reviewers recommend reconsideration of your manuscript following minor revision and modification. I invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Jul 29, 2020.

When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments, provide suitable rebuttals for any comments not addressed, and submit a point-by-point response file. Please cite the page number where the revision occurs, and highlight the addition in the text. Without this information, the article may be returned to you for further clarification. Please note that your revised submission may need to be re-reviewed. The decision to publish will be based on the quality of your revision and perhaps additional peer review.

To submit your revised manuscript, please log in as an author at <https://www.editorialmanager.com/ijnss/>, and navigate to the "Submissions Needing Revision" folder under the Author Main Menu.

International Journal of Nursing Sciences values your contribution and I look forward to receiving your revised manuscript.

Kind regards,

Editorial Office

International Journal of Nursing Sciences

Editor and Reviewer comments:

The manuscript still has some problems to solve.

1. You have deleted the table 4 before, but there was some description about multivariate analysis in the manuscript. I have deleted the description, please check the manuscript again.
2. Please check the correctness of the abbreviation "M-SISguide". You have mentioned the Stroke Risk Scorecard (SRS) in the manuscript. Should the abbreviation be "M-SRSguide"? Please check it.
3. Please check the percentage data in table 1 which was red marked. How did you calculate it? None of the percentages should be correct. After you modify, you also need to check the statistical results.
4. If the Stroke Risk Scorecard (SRS) was freely available for non-commercial and research purposes, please provide the website of the questionnaire.

If you have any questions, please contact me with email: cnaijnss3@163.com

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Dear:
Editor

I would like to say thank you very much for accepting my article entitled: "Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors" to be published International Journal of Nursing Sciences

I have made several revisions according to editor and reviewers' suggestions as follows:

No	Editor Comments	Revisions by Authors
1.	You have delete the table 4 before, but there was some description about multivariate analysis in manuscript. I have delete the description, please check the manuscript again.	We have checked the manuscript. We agree that the explanation of multivariate analysis is omitted because table 4 has been deleted from the manuscript. Because there is no multivariate analysis, the aim of the analysis in 2.6 change from: "This analysis aims to determine the effectiveness of the M-SISguide application on promoting a healthy lifestyle and reducing stroke risk factors after adjusting for confounding variables", becomes: "This analysis aims to determine the effectiveness of the M-SRSguide application on promoting a healthy lifestyle and reducing stroke risk factors ".
2.	Please check the correctness of abbreviation "M-SISguide". You have mentioned the Stroke Risk Scorecard (SRS) in manuscript. Should the abbreviation be "M-SRSguide"? Please check it.	We have checked the manuscript. We agree to change the abbreviation for mobile-stroke risk scale and lifestyle guidance from "M-SISguide" to "M-SRSguide". We have revised it in the manuscript.
3.	Please check the percentage data in table 1 which was red marked. How did you calculate it? None of the percentages should be correct. After you modify, you also need to check the statistical results.	The data shown in table 1 regarding the characteristics of the respondents are correct. We were wrong in displaying a percentage of each data. It should be based on the percentage of each category in each group. We agree with the editor's suggestion to change the percentage in Table 1. We have checked the bivariate analysis (χ^2 or t value), there is no change in the test results. We have fixed table 1 according to the editor's suggestion.
4.	If the Stroke Risk Scorecard (SRS) was freely available for non-commercial and	https://www.floyd.org/medical-services/Stroke/Documents/RiskStrokeScorecard_Eng.pdf https://www.peacehealth.org/sites/default/files/stroke-risk-scorecard-engl-2015.pdf

research purposes, please provide the website of the questionnaire.	https://lutheranhealth.net/pdfs/LH_Stroke_RiskScorecard_0418.pdf
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I hope this article can be published in the International Journal of Nursing Sciences sooner. Thank you so much.

Best regard,
Authors

Confirming submission to International Journal of Nursing Sciences

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To: kelana_dharma@yahoo.com

Date: Friday, July 24, 2020 at 10:51 PM GMT+7

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Manuscript Number: IJNSS_2019_609R8

Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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Use of mobile-stroke risk scale and lifestyle guidance promote healthy lifestyles and decrease stroke risk factors

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Thank you for submitting your manuscript to International Journal of Nursing Sciences.

I am pleased to inform you that your manuscript has been accepted for publication.

My comments, and any reviewer comments, are below.

Your accepted manuscript will now be transferred to our production department. We will create a proof which you will be asked to check, and you will also be asked to complete a number of online forms required for publication. If we need additional information from you during the production process, we will contact you directly.

We appreciate you submitting your manuscript to International Journal of Nursing Sciences and hope you will consider us again for future submissions.

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International Journal of Nursing Sciences

Editor and Reviewer comments:

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Reference: IJNSS529
Journal title: International Journal of Nursing Sciences
Corresponding author: Dr. Kelana Kusuma Dharma
First author: Dr. Kelana Kusuma Dharma
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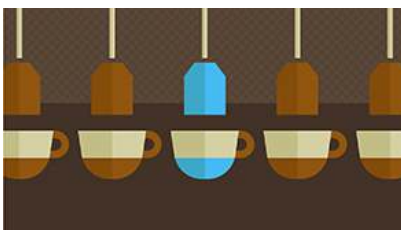
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