Thank you again for the opportunity to further improve and revise our work. Please find our detailed response to all of the comments by the editorial committee below. We are looking forward to your decision.

Sincerely,
Raphael Peter, Alexandra Nieters, Dietrich Rothenbacher, and Winfried Kern

Report from the manuscript meeting

First: Discussion section on page 12 lines 20-29 reads: "Prevalence rates, however, appeared substantial among both men and women who had a mild course of acute SARS-CoV-2 infection, and PCS considerably affected also younger subjects. Unlike other studies, we limited our investigation to adults not older than 65 years, and this may explain why age was not a major determinant of symptom prevalence, but we show that age likely becomes relevant when regarding the functional consequences of the post-acute symptoms."

--It is unclear what you mean regarding prevalence here. It seems to us that the sampling strategy based on convenience would make any claims about prevalence spurious. All you can say is that a certain number of people responded and the sex distribution was a specific way. It might be best to remove this section.
Response: As suggested, we removed the section.

Second: Page 14 first paragraph lines 3-31

--I think this can be removed in the interest of streamlining the discussion and focusing on clusters. Prevalence of the clusters is difficult to determine and prev among responders isn't likely to represent prev among the population. Thus, it is not clear to us that this contributes meaningfully to the message about cluster definitions and interrelation.
Response: As suggested, we removed the section.

Last, please make one final attempt to streamline the discussion with a focus on clusters and limitations of the study.
Response: As suggested, we streamlined the discussion with a focus on clusters and limitations of the study. We concentrated the terminology on "symptom cluster" and added or deleted respective terms, and also removed a sentence referring to single symptoms in the summary of the key results (details see discussion page 11, last para, and page 12, 1st para and also conclusions of abstract). Furthermore, we shortened the discussion section and deleted the para related to "The prevalence of past-acute symptoms..." (see page 12, last para). We moved one sentence from this para to page 13, para 2, as we think this sentence helps the reader recognize the critical issues related to the so far existing evidence. The issues related to different working definitions are shortly illustrated in the limitation section (page 15, para 2). But, other text has been removed instead. On page 15, at the end of the limitations, we remind the reader that "Symptom frequency and clustering may be different with more recent virus variants." Finally, the conclusions had been streamlined on symptom clusters, and the sentence related to symptoms was deleted (page 16, para 2).

Thank you for giving us the additional possibility to improve the paper further. We hope that we now implemented all of your valid suggestions satisfactorily and that the manuscript is now fit for publication in BMJ.