

Dear Reviewers,

Thank you for your thoughtful, helpful, and most kind review of manuscript 2006/036. Your comments and suggestions have been incorporated as appropriate into the revised draft. Specific revisions are noted below.

Reviewer Comment	Authors' Response
<i>Reviewer #1</i>	
More detail on the method of interviewing participants should be added.	Table 1 has been added that specifically notes methods of data collection, instruments used if applicable and any special information related to timing of interviews.
Addition of a legend for Table 3 (now Table 4) would be helpful.	This has been added.
Elaboration of the implications of the study for health care providers and patients.	More implications have been added; however, this is early research, and the full extent of the implications is not completely known at this time.
Addition of more specific directions for future research.	These have been added in the conclusions section,
<i>Reviewer #2</i>	
Make an explicit statement that the approach is somewhat atheoretical and data driven.	This has been added under data analysis, as well as in the abstract.
Potential problem of implying that clusters may enhance identification of AMI for the lay public and professionals related to fact that only persons with diagnosed AMI were studied.	We agree that all presentations for AMI may not be represented in this study. We have noted that as a limitation. Assessing the symptoms of persons who have not been diagnosed, however, would be very challenging if not impossible. Hopefully, once we identify some of the clusters, they will lead us to presentations of persons who do not get diagnosed for a variety of different reasons.
The results of this study must be considered provisional hypothesis and in need of subsequent support in independent and ideally prospective samples.	We agree and plan to do this. We have noted that more study leading to validation of these findings is needed.
Some of the data analysis could be presented more clearly.	We hope that this revision presents the steps in data analysis more clearly.
<i>Methodological limitations:</i> 1. More about source studies.	Table 2 has been added with more detailed information on the source studies. This includes year of publication (if applicable), inclusion criteria, etc. In addition, a statement was added in the text stating that all data were collected after 1990. Most studies used ECG and serum markers for subject identification, and this is indicated. Subjects with NSTEMI were included. All source studies that have been published are included in

	the reference list.
2. Questions on all symptoms in all studies.	Not all symptoms were assessed in all studies. This is a limitation of secondary data analysis. The specific number of persons assessed for each symptom is noted in Table 3, and this is noted in the text.
3. Reorder symptoms in Table 2 in order of occurrence.	This has been done.
4. Weak justification for choosing 5 rather than 6 clusters.	This has been addressed in the text. Thank you for pointing out the Loken reference. We agree that the BIC is a conservative approach to assessing model fit and have noted this in the manuscript. However, Loken also states that the best method for assessing fit remains controversial. Therefore, we used all of the statistics available and related them to form our conclusion. We hope that we have stated this point clearly.
5. Footnoting of abbreviations in Table 3 (now Table 4) and more explanatory caption.	This has been added, thank you for the suggestion.
Add a table summarizing symptoms for each cluster.	Thank you for this excellent suggestion. Table 6 has been added.
<i>Strengths and Limitations</i>	
1. Statement related to generalizability of findings.	This statement has been removed.
2. Limitation related to sample only consisting of cases of confirmed AMI.	A statement has been added related to this limitation. Also the inclusion criteria (troponin/CK-MB) for the source studies have been added in Table 6.
Study by Ryan and Zerwic in background.	This study assessed perceptions of AMI symptoms, not actual AMI symptoms that were experienced. The point of the study was to examine whether persons were able to identify symptom clusters. We did not add more details of the results of this study because we do not think that they really compare to the present analysis.
Editorial suggestions.	These have been corrected. Thank you for picking them up.

Thank you again for your kind and thoughtful comments. We hope that the revision addresses your concerns.