

Reviewer Comments:

The article addresses an interesting topic and could be useful to improve caregiver psychological support. I find it needs a little bit more global cohesion.

- Introduction:

1. Are there some studies of caregivers of people who were affected by acute stroke before the pandemic? This information should be included in this section. The paper says "not many research papers have been published and no professional research teams have focused on stroke caregivers", are there some papers?

Reply 1: Yes, we added previous studies of caregivers who were affected by acute stroke before the pandemic in the manuscript (see Page 4, line 4-12). We also added published papers in the manuscript (see Page 4, line 4-8, and line 23-27).

2. Probably some previous information on coping and coping strategies in family and professional caregivers is needed in this section. It also should be explained if negative coping is considered negative or adaptive in some way.

Reply 2: Yes, we only find one Chinese paper reported coping strategies of caregivers for stroke patients (see Page 4, line 23-27). Meanwhile, we explained the meaning of positive and negative coping in the manuscript (see Page 4, line 20-23).

- Methods

1. How did you recruit the participants? Did they all accept to participate? I am a bit surprised that age and gender of the family and professional caregivers do not have differences between groups.

Reply 1: The outbreak of COVID-19 coincides with the Chinese New Year, when most of the more severe or less severe cases of acute stroke patients have been discharged early. For acute stroke patients from Wuhan city, families need to be able to provide a healthy caregiver who can take care of acute stroke patients 24 hours a day in hospital until they are discharged. Otherwise, professional caregivers in the department can be hired to help care for stroke patients. It may be that under this particular condition, the two groups of caregivers were chosen to be of similar ages. Thus, this study can only be divided into groups according to the caregivers of acute stroke patients. Due to the uncertainty of the COVID-19 pandemic, not all caregivers were willing to participate in the study. However, most caregivers were willing to cooperate with the study after giving reasonable explanations.

2. Did you register the relationship between patient and family caregiver and the number of hours that the caregivers spend with the patient? I think this could influence the results. Did you register if family caregivers were working or only taking care of the patient and household work?

Reply 2: At the early stage of COVID-19 pandemic, the hospital implemented a closed management model to prevent the spread of the pandemic, that is, did not allowing patients and family members to enter and leave the hospital. A hospitalized patient with an acute stroke can only be cared for by a fixed caregiver. Caregivers are only allowed to accompany patients in the in-patient ward and are not allowed to go

out at will. The diet of caregivers is provided by the hospital. Most family caregivers are the spouse or children of the patient, thus, we did not keep track of the time the caregiver spent with the patient. You are quite right that these factors will influence the results, and we hope to take them into full consideration in future studies. During the period of hospitalization, the family caregiver can only stay in the ward and take care of the patient.

Discussion

1. This section is less organized and there are some topics that should be addressed in the introduction section.

Reply 1: Yes, we added some topics in the introduction section.

2. Religious coping is one way of coping, but there are other coping mechanisms that do not need social situations and could also be useful in pandemic times. I think this part of the paper could be enhanced.

Reply 2: Yes, we added other coping mechanisms in the manuscript (see Page 9, line 5-30; Page 10, line 30 to Page 11, line 1-6).

3. I find it would be useful that the authors include practical recommendations for clinicians and family caregivers.

Reply 3: Yes, we added some information in the manuscript (see Page 9, line 17-23; Page 10, line 17-24).

4. How authors would improve or try to reduce psychological burden for caregivers?

Reply 4: Yes, we added some information in the manuscript (see Page 10, line 21-30; Page 11, line 1-8).

There are some topics that should be a little bit more explained in the introduction and in the conclusion/discussion. One is if COVID-19 could have some impact or not on the results. The second one is about negative coping, I found this topic should be largely explained.

Reply: Yes, we added some information in the introduction section, and in the conclusion and discussion section. This study has shown that the COVID-19 pandemic has had a significant psychological impact on caregivers. We added this information in the discussion section and conclusions sections.