Date:_____2021-04-18___

Your Name: ____ Shuyang Li___

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	pranning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
•	testimony		
7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-10__

Your Name: Joe Kodama

Manuscript Title: <u>Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an</u> <u>outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of</u> <u>reliability, validity, and responsiveness</u>

Manuscript number (if known): ATM-20-8064-R1

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	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	None	
•	testimony		
7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-12____

Your Name:____ Leixin Wei__

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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5	Payment or honoraria for	None	
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6	Payment for expert	None	
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7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-15_____

Your Name:____ Tingkui Wu__

Manuscript Title: <u>Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an</u> <u>outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of</u> <u>reliability, validity, and responsiveness</u>

Manuscript number (if known): ATM-20-8064-R1

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5	Payment or honoraria for	None	
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	speakers bureaus,		
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	educational events		
6	Payment for expert	None	
•	testimony		
7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-11_____

Your Name:____ Hiroyasu Fujiwara_

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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6	Payment for expert	None	
•	testimony		
7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-11_____

Your Name:____ Yukitaka Nagamoto_

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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10	Leadership or fiduciary role	None	
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	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-12___

Your Name: Lee A Tan

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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6	Payment for expert	None	
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7	Support for attending	None	
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10	Leadership or fiduciary role	None	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18___

Your Name: Yanbin Zhao

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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10	Leadership or fiduciary role	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18____

Your Name:____ Fengshan Zhang____

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18___

Your Name: Shengfa Pan

Manuscript Title: <u>Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an</u> <u>outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of</u> <u>reliability, validity, and responsiveness</u>

Manuscript number (if known): ATM-20-8064-R1

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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18___

Your Name: Yu Sun

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-15____

Your Name:____ Peng Cao___

Manuscript Title: <u>Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an</u> <u>outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of</u> <u>reliability, validity, and responsiveness</u>

Manuscript number (if known): ATM-20-8064-R1

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	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
•	testimony		
7	Support for attending	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-10____

Your Name: _____ Takashi Kaito___

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

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	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2021-04-12

 Your Name:
 Beiyu Wang

 Manuscript Title:
 Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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12	2 Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18____

Your Name: Xiaoguang Liu

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:_____2021-04-18___

Your Name: Feifei Zhou

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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