

## ICMJE DISCLOSURE FORM

Date: 2022-7-7  
 Your Name: Jianchen Luo  
 Manuscript Title: Using search trends before and after the COVID-19 outbreak in China to analyze digestive symptoms: medical informatics study of the Baidu Index data  
 Manuscript number (if known): \_\_\_\_\_

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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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3	Royalties or licenses	_ <input checked="" type="checkbox"/> _ None	
4	Consulting fees	_ <input checked="" type="checkbox"/> _ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 2022-7-7  
 Your Name: Jing Ma  
 Manuscript Title: Using search trends before and after the COVID-19 outbreak in China to analyze digestive symptoms: medical informatics study of the Baidu Index data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-7-7  
 Your Name: Liangliang Xu  
 Manuscript Title: Using search trends before and after the COVID-19 outbreak in China to analyze digestive symptoms: medical informatics study of the Baidu Index data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-7-7  
 Your Name: Shuqi Zhang  
 Manuscript Title: Using search trends before and after the COVID-19 outbreak in China to analyze digestive symptoms: medical informatics study of the Baidu Index data  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022-7-7  
 Your Name: Ming Zhang  
 Manuscript Title: Using search trends before and after the COVID-19 outbreak in China to analyze digestive symptoms: medical informatics study of the Baidu Index data  
 Manuscript number (if known): \_\_\_\_\_

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