ICMJE DISCLOSURE FORM

Date: 16th of	March 2022
Your Name: _	Helle Spindler
Manuscript T	itle: Increased motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Pro
A Randomize	ed Controlled Trial
Manuscript n	number (if known): mHealth-21-56

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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if the medication is not mentioned in the manuscript.

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

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

_x__ 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: <u>2022.03.14</u>	
Your Name: <u>Anne-Kirstine Dyrvig</u>	
Manuscript Title:Increased Motivati	on for and use of Digital Services in Heart Failure Patients Participating in a
Telerehabilitation Program: A Randomize	ed Controlled Trial
Manuscript number (if known): mHealth-21-5	56

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
_		V N			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	,	X None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
13	Stock or stock options	XNone			
4.0					
12	1 1 7	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13		X None			
	financial interests				
Pl	Please summarize the above conflict of interest in the following box:				
Γ	I dealars to have no conflicts of interests				
	I declare to have no conflicts of interests				

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

_X__ 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: <u>Mar. 15</u>	th , 2022	<u>-</u>
Your Name:	Cathrine Skov Schacksen	
Manuscript Title:		Increased Motivation for and use of Digital Services in Heart Failure
Patients Participating in a Telerehabilitation Progra		ram: A Randomized Controlled Trial
Manuscript numb	er (if known): mHealth-21-56	-

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	XNone	
	ilnanciai interests		
Plea	se summarize the above con	flict of interest in the follow	ving box:
N	lone.		
'`			
Plea	se place an "X" next to the fo	ollowing statement to indic	ate your agreement:

__X_ 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: <u>11-03-2022</u>	
Your Name: <u>Danny Anthonimuthu</u>	
Manuscript Title: Increased Motivation for and use of Digital Services in	Heart Failure Patients Participating in a Telerehabilitation
Program: A Randomized Controlled Trial	
Manuscript number (if known): mHealth-21-56	

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

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

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

Used AUB (library) for study materials and articles
Software used from Aalborg University: SPSS

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

X 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: 16 th of March 2022	
Your Name: Lars Frost	
Manuscript Title: Increased motivation for and use of Digital Services in Heart Failure Patients Participating in a Telero	ehabilitation Pro
A Randomized Controlled Trial	
Manuscript number (if known): mHealth-21-56	

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	planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		Time frame: past :	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5		Pfizer	Educational activities

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	_xNone			
	testimony				
7	Support for attending meetings and/or travel	xNone			
8	Patents planned, issued or	xNone		_	
	pending				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	xNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid			_	
11	Stock or stock options	xNone		L	
12	Receipt of equipment,	_xNone			
	materials, drugs, medical				
	writing, gifts or other				
	services			_	
13	Other financial or non-	_xNone			
	financial interests				
· <u> </u>					
Plea	Please summarize the above conflict of interest in the following box:				
E	Educational activies for Pfizer				

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

_x__ 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: March 14, 2022
Your Name:Josefine Dam Gade
Manuscript Title: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation
Program: A Randomized Controlled Trial
Manuscript number (if known): mHealth-21-56

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations,	x_None	

	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	_xNone		
	testimony			
7	Commont for attackable	Nana		
7	Support for attending meetings and/or travel	_xNone		
8	Patents planned, issued or	xNone		
	pending			
_	Double in the control of the control	Name		
9	Participation on a Data Safety Monitoring Board or	xNone		
	Advisory Board			
10	Leadership or fiduciary role	x None		
10	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12		N.		
12	Receipt of equipment, materials, drugs, medical	xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	x None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	lone			

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

__X_ 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: March 15, 2022
Your Name: Sissel Højsted Kronborg
Manuscript Title: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation
Program: A Randomized Controlled Trial
Manuscript number (if known): mHealth-21-56

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1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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 any	None	
	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	Common and formath and the a	None		
/	Support for attending meetings and/or travel	None		
	meetings and/or traver			
8	Patents planned, issued or	None		
	pending			
_	Double in the control of the	News		
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,	Notice		
	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			
Dla	Please summarize the above conflict of interest in the following box:			
rie	Thease sammanze the above commet of interest in the following box.			
	None			
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Please place an "X" next to the following statement to indicate your agreement:

__X_ 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: <u>1</u>	5.03.2022		
Your Na	me: Kiomars Mahboubi		
Manusc	ript Title: Increased motivation for and use of Digital Services in Heart Failure Patients Participating		
Manuscript number (if known): mHealth-21-56			

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		Time frame: past	36 months
2	Grants or contracts from any	xNone	
	entity (if not indicated in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for	x_None	
	lectures, presentations,		

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	g .		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Descipt of a minus and	. Name	
12	Receipt of equipment, materials, drugs, medical	x_None	
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
	se summarize the above con	iflict of interest in the follow	ng box:

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

__x_ 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: 10 MAR 2022

Your Name: Jens Refsgaard

Manuscript Title: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation

Program: A Randomized Controlled Trial

Manuscript number (if known): ID: mHealth-21-56

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

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	TVOTE	
	,		
7	Support for attending meetings and/or travel	None	
	,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	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		
Plea	se summarize the above cor	nflict of interest in the follow	ing box:
	lone		

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

__X_ 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: May 5 2022				
Your Name: Birthe Dinesen				
Manuscript Title: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a				
Telerehabilitation Program: A Randomized Controlled Trial				
Manuscript number (if known): mHealth-21-56-R1				

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	N.	
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	ase summarize the above con	flict of interest in the follo	wing box:
	lone		

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

_x__ 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.	02MA	/วกวว
Date:	UZIVIA	12022

Your	Name:	Malene	Hollingo	lal
------	-------	--------	----------	-----

Manuscript Title: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial______

Manuscript number (if known): mHealth-21-56-R1_____

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

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
4.0	D : 1 C : :	N.	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		
Plea	se summarize the above con	flict of interest in the follo	owing box:

Study Nurse salary as our part in the study

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

_x__ 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:	11/03/2022	_	
Your Name:	Lars Kayser		
Manuscript Title:	Increased Motivation for and use of Digital Se	<u>Services in Heart Failure Patients Participating in a Telere</u>	<u>habilitat</u>
Program: A Randomized	Controlled Trial	<u></u>	
Manuscript number (if k	nown): mHealth-21-56	_	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None			
3	Royalties or licenses	x_None			
4	Consulting fees	xNone			
5		xNone			

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6	Payment for expert testimony	xNone		
7	Support for attending meetings and/or travel	_xNone		
8	Patents planned, issued or pending	xNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_xNone		
11	Stock or stock options	xNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone		
13	Other financial or non- financial interests	xNone		
Please summarize the above conflict of interest in the following box:				
I have no conflicts of interests.				

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

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