

ICMJE DISCLOSURE FORM

Date: 16th of March 2022

Your Name: Helle Spindler

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.

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

The author's relationships/activities/interests should be defined broadly. 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.

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.

		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			
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> None	

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

ICMJE DISCLOSURE FORM

Date: 2022.03.14

Your Name: Anne-Kirstine Dyrvig

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

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients
Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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

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

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: Mar. 15th, 2022

Your Name: Cathrine Skov Schacksen

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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3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients
Participating in a Telerehabilitation Program: A Randomized Controlled Trial

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <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:

☒ 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: Danny Anthonimuthu

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

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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:

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

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

ICMJE DISCLOSURE FORM

Date: 16th of March 2022

Your Name: Lars Frost

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5		Pfizer	Educational activities

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients
Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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

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

Educational activities for Pfizer

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

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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

ICMJE DISCLOSURE FORM

Date: March 15, 2022

Your Name: Sissel Høisted 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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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients
Participating in a Telerehabilitation Program: A Randomized Controlled Trial

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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ICMJE DISCLOSURE FORM

Date: 15.03.2022

Your Name: Kiomars Mahboubi

Manuscript 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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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COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" 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.

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

ICMJE DISCLOSURE FORM

Date: 02MAY2022

Your Name: Malene Hollingdal

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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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.

		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			
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.	<u> </u> 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).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> None	
4	Consulting fees	<u> x </u> None	

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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

Study Nurse salary as our part in the study

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.

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

ICMJE DISCLOSURE FORM

Date: 11/03/2022

Your Name: Lars Kayser

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5		<input checked="" type="checkbox"/> None	

COIs for mHealth-21-56: Increased Motivation for and use of Digital Services in Heart Failure Patients Participating in a Telerehabilitation Program: A Randomized Controlled Trial

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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:

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