Date: <u>24 March 2023</u>	
Your Name: Sakinah Kamal	
Manuscript Title: Nutritional status as predictors for quality of life among caregivers of children with severe cereb	<u>oral</u>
palsy	
Manuscript number (if known): TP-23-195	

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: <u>24 March 2023</u>	
Your Name: Nur Hana Hamzaid	_
Manuscript Title: Nutritional status as predictors for quality of life among caregivers of children with severe cer	<u>ebral</u>
palsy	
Manuscript number (if known): TP-23-195	_

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: <u>24 March 2023</u>	
Your Name: Sazlina Kamaralzaman	
Manuscript Title: Nutritional status as predictors for quality of life among caregivers of children with severe cere	bral
palsy	
Manuscript number (if known): TP-23-195	

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: _	24 March 2023
Your Na	me: Shobha Sharma
Manuso	ript Title: Nutritional status as predictors for quality of life among caregivers of children with severe cerebra
<u>palsy</u>	
Manuso	ript number (if known): TP-23-195

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 manuscript only</u>.

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 that 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)
1	All support for the present manuscript (e.g., funding,	XNone	The funding was from Research University grant [GUP-2022-050]
	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	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: _	24 Marc	:h 2023	
Your N	ame: <u>Nuru</u>	ıl Hazirah Jaafar	
Manus	cript Title:	Nutritional status as predictors for quality of life among caregivers of children v	with severe cerebra
<u>palsy</u>			
Manus	cript numb	er (if known): <u>TP-23-195</u>	

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: <u>24 March 2023</u>	
Your Name: Phei Ming Chern	
Manuscript Title: Nutritional status as predictors for quality of life among caregivers of children with severe	<u>cerebral</u>
palsy	
Manuscript number (if known): TP-23-195	

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: _	24 Marc	h 2023							
Your N	ame: <u>Nuru</u>	l Izzaty Hassa	n						
Manus	cript Title:	Nutritional s	tatus as predicto	ors for quality	of life among	caregivers of	children with	severe ce	rebra
<u>palsy</u>									
Manus	cript numb	er (if known):	TP-23-195						_

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 manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]
	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 entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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 in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: <u>24 March 2023</u>	
Your Name: Hasnah Toran	
Manuscript Title: Nutritional status as predictors for quality of life among caregivers of children with severe cereb	<u>oral</u>
palsy	
Manuscript number (if known): TP-23-195	

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 manuscript only</u>.

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 that 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)
1	All support for the present manuscript (e.g., funding,	XNone	The funding was from Research University grant [GUP-2022-050]
	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	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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 in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date:	24 Marc	rch 2023	
Your N	lame: Noo	or Akmal Shareela Ismail	
Manus	cript Title:	Nutritional status as predictors for quality of life among caregivers of children with severe	cerebral
palsy			
Manus	cript numb	ber (if known): TP-23-195	

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 manuscript only</u>.

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 that 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)
1	All support for the present manuscript (e.g., funding,	XNone	The funding was from Research University grant [GUP-2022-050]
	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	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
-	consuming rees		
5	Payment or honoraria for	X None	
	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 in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
DI.		auflist of interest in the fallenting how	

The author receives funding from Research University grant [GUP-2022-050]

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

Date: _	24 March	1 2023				
Your Name: Ghazali Yusri Abd Rahman						
Manus	cript Title:	Nutritional status as predictors for quality of life among caregivers of children with severe cerebral				
<u>palsy</u>						
Manus	cript numbe	er (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 <u>current manuscript only</u>.

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 that medication is not mentioned in the manuscript.

		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,	XNone	The funding was from Research University grant [GUP-2022-050]					
	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 entity (if not indicated	XNone						
	in item #1 above).							
3	Royalties or licenses	XNone						

Consulting fees	X None	
consuming rees		
Payment or honoraria for	X None	
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending meetings and/or travel	XNone	
-		
	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
	XNone	
1		
group, paid or unpaid		
Stock or stock options	XNone	
Receipt of equipment,	XNone	
materials, drugs, medical		
services		
Other financial or non-	XNone	
	XNone	
Other financial or non-	XNone	
Other financial or non-	XNone	
	educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other

The author receives funding from Research University grant [GUP-2022-050]						

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