Date:8/25/2022
Your Name:Niha Ahmad
Manuscript Title: The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe and/or life-limiting
medical illnesses
Manuscript number (if known): APM-22-692

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</u> only.

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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
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	
		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	

	T	ı			
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				
12	services	Nene			
13	Other financial or non-	None			
	financial interests				
וח	Please summarize the above conflict of interest in the following box:				
PI	ricase summanze the above conflict of interest in the following box.				
	None.				
	Notie.				

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

Date:8/24/2022
Your Name:Ninet Sinaii, PhD, MPH
Manuscript Title:_ The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe and/or life-
limiting medical illnesses_
Manuscript number (if known): APM-22-692

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		Time frame: past	36 months
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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		

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

I have no conflicts of inte	erest and nothing to disclo	ose.	

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.

Date:	_8/24/2022
Your Name:	Samin Panahi
Manuscript Tit	le:_ The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe
and/or life-l	imiting medical illnesses
Manuscript nu	mber (if known):_ APM-22-692

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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	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	None		
6	Payment for expert testimony	None		
	testimony			
7	Support for attending meetings and/or travel	None		
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8	Patents planned, issued or	None		
	pending			
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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	Possint of aguinment	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None			

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

Date:	Aug 24 ^t	^h 2022
Your N	lame:	Polycarpe Bagereka
Manu	script Title:	The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe and/or life-limiting
medic	al illnesses	
Manu	script numl	per (if known): APM-22-692
		<u> </u>

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		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	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	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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.

Date:8/25/2022	
Your Name:_Cristian Serna-Tamayo	
Manuscript Title:The FACIT-Sp-12	spiritual well-being scale: a factor analysis in patients with severe and/or life-
limiting medical illnesses	
Manuscript number (if known):	APM-22-692

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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	x_None	

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	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
10	Advisory Board	No. Mana	
10	Leadership or fiduciary role	x_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of 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		
	ose summarize the above co	nflict of interest in the fo	llowing box:

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

Date:08/24/22
our Name: Sarah Shnayder
Manuscript Title: The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe and/or life-limiting
nedical illnesses
Manuscript number (if known): APM-22-692

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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	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_		<u> </u>	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	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	ise summarize the above co	nflict of interest in the follo	owing box:
No	ne.		
Plea	ise place an "X" next to the	following statement to ind	icate 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.

Date: 8/24/2022	
Your Name: Rezvan Ameli	
Manuscript Title: The FACIT-Sp-12 spiritual well-being scale: a factor analysis in patients with severe and	d/or
life-limiting medical illnesses	
Manuscript number (if known): APM-22-692	

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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	

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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	
13	financial interests		
	initaliciai initerests		
Plea	ise summarize the above co	nflict of interest in the f	ollowing box:

I have no conflict of interest re	I have no conflict of interest related to this manuscript		

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

Date:August 24, 2022	
Your Name:Ann Berger	
Manuscript Title: The FACIT-Sp spiritual well-being scale: a factor analysis in patients with severe an	ıd/or life
limiting medical illness	-
Manuscript number (if known):APM-22-692	

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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	

lectures, presentations, speakers bureaus, speakers bureaus, speakers bureaus, manuscript writing or educational events None		Payment or honoraria for					
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 fluciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests Assee summarize the above conflict of interest in the following box: None. X I certify that I have answered every question and have not altered the wording of any of the questions on the content of the questions on the content of the questions on the questions on the content of the questions on the questions of the questions on the questions on the questions on the questions of the questions on the questions of the questions on the questions of t							
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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 services Other financial or non-financial interests Pase summarize the above conflict of interest in the following box: None. None Lase 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 the property of the questions of the		pending					
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 services Other financial or non-financial interests Pase summarize the above conflict of interest in the following box: None. None Lase 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 the property of the questions of the							
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 services Other financial or non-financial interests At I certify that I have answered every question and have not altered the wording of any of the questions on		=	None				
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 services Other financial or non-financial interests Other financial interests At I certify that I have answered every question and have not altered the wording of any of the questions on		=					
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