Date: Dec. 4th, 2022 Your Name: Tingwei Liu

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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.

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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)
4	All	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, 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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

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

Date: Dec. 4th, 2022 Your Name: Jun Liu

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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3	Royalties or licenses	None	
4	Consulting fees	None	

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group, paid or unpaid				
	11		None	
12 Receipt of equipment, None	12		None	
materials, drugs, medical writing, gifts or other				
services				
13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022 Your Name: Cong Wang

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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4	Consulting fees	None	

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12 Receipt of equipment, None	12		None	
materials, drugs, medical writing, gifts or other				
services				
13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022 Your Name: Deli Zou

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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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	

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group, paid or unpaid				
	11		None	
12 Receipt of equipment, None	12		None	
materials, drugs, medical writing, gifts or other				
services				
13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022

Your Name: Chunmei Wang

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022 Your Name: Tianchao Xu

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022 Your Name: Yihong Ci

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	9		None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid				
in other board, society, committee or advocacy group, paid or unpaid	10	-	None	
group, paid or unpaid				
	11		None	
12 Receipt of equipment, None	12		None	
materials, drugs, medical writing, gifts or other				
services				
13 Other financial or non- None	13	Other financial or non-	None	
financial interests		financial interests		

None.			

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

Date: Dec. 4th, 2022

Your Name: Xiaozhong Guo

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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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, 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	

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

None.			

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

Date: Dec. 4th, 2022 Your Name: Xingshun Qi

Manuscript Title: Prevalence of gastrointestinal symptoms and their association with psychological problems in youth

Manuscript number (if known): APM 22-1316

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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	None		
	manuscript (e.g., funding, 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	None		
	any 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	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		
	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	
4.0			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
-			

The author has no conflicts of interest to declare.				

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