Date:	Aug.3 <sup>rd</sup> , 2022						_		
Your Name:	Jing Luo								
Manuscript Title	Effects of social	support, anxiety	and hope l	evels on	cognitive	bias in	patients	with	nasal
gastrointestina	l catheterization								
Manuscrint num	her (if known): API	M-22-1369							

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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.	XNone	
	No time illint for this item.		
		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	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<b>X</b> None	
U	testimony	<b>X</b> NOTIE	
	,		
7	Support for attending meetings and/or travel	<b>X</b> None	
	Ç ,		
8	Patents planned, issued or	<b>X</b> None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	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:	Aug.3 <sup>rd</sup> , 2022	
Your Name:	Xing-Yu Chen	
Manuscript	Title: Effects of social	support, anxiety and hope levels on cognitive bias in patients with nasal
gastrointes	stinal catheterization_	
Manuscrint	number (if known): APN	

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	I	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time illuit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<b>X</b> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
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
Ple	ease summarize the above o	onflict 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.3 <sup>rd</sup> , 2022						_		
Your Name:	Sha-Jing Fan								
Manuscript Title:	Effects of social	support, anxiety	and hope	levels on	cognitive	bias in	patients	with	nasa
gastrointestina	catheterization				_		_		
Manuscript num	her (if known): API	M-22-1369							

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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.	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
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
Ple	ase summarize the above co	onflict 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.3 <sup>rd</sup> , 2022						_		
Your Name:_	Ai-Ying Jin								
Manuscript Ti	itle: Effects of social	support, anxiety	and hope l	evels on o	<u>cognitive</u>	bias in	patients	with	nasa
gastrointest	inal catheterization		_		_		_		
Manuscript n	umber (if known): APN	л-22-1369							

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

5	Payment or honoraria for	<b>X</b> None				
	lectures, presentations,	XNone				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	<b>X</b> None				
	testimony					
7	Support for attending meetings and/or travel	<b>X</b> None				
	meetings and/or travel					
8	Patents planned, issued or	<b>X</b> None				
Ü	pending	XNone				
	F					
9	Participation on a Data	<b>X</b> None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	<b>X</b> None				
	in other board, society,					
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	V Nana				
11	Stock of stock options	<b>X</b> None				
12	Receipt of equipment,	<b>X</b> None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	<b>X</b> None				
	financial interests					
Ple	ease summarize the above co	onflict of interest in the fo	lowing 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.3 <sup>rd</sup> , 2022						_		
Your Name:	Wen-Jie Sui								
Manuscript	Title: Effects of social	support, anxiety	and hope leve	els on cog	nitive b	ias in	patients	with	nasal
gastrointes	tinal catheterization								
Manuscrint	number (if known): API	M-22-1369							

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		whom you have this	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.	XNone	
		Time frame: past 3	6 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	Х	None				
-	testimony	<del>^_</del>					
	,						
7	7 Support for attending		_None				
	meetings and/or travel						
8	Patents planned, issued or	X_	_None				
	pending						
9	Participation on a Data	X_	_None				
	Safety Monitoring Board or Advisory Board						
10	Leadership or fiduciary role	Х	None				
10	in other board, society,	<del>-</del> ^-	_None				
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	X_	_None				
12	Receipt of equipment,	X_	_None				
	materials, drugs, medical writing, gifts or other						
	services						
13	Other financial or non-	Х	None				
	financial interests						
Dlم	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.