

#### **Instructions**

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Kong 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Zhaohong	2. Surname (Last Name) Kong		3. Date 02-September-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Jiang Zhu	s Name		
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China					
6. Manuscript Identifying Number (if you kr APM-20-864	now it)	_			
Section 2. The Work Under Co	onsideration for Publi	cation			
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da				
Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes i of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	se one line for each entit	ty; add as many lines as you need by		
Are there any relevant conflicts of intere					
If yes, please fill out the appropriate info	ormation below.				
Name of Entity	Grant	n-Financial other?	Comments		
Shaanxi Administration of Traditional Chinese Medicine	<b>V</b>		CMS022		
Nu Jieping Medical Foundation		32	20.6750.19092-23		
Section 4					
Section 4. Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the wo	ork? ☐ Yes    ✓ No		

Kong 2



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Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	grants from Shaanxi Administration of Traditional Chinese Medicine, grants from Wu Jieping Medical side the submitted work; .

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Chen 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Chen			3. Date 04-September-2020			
4. Are you the cor	responding author?	Yes	/ No	Correspond Jiang Zhu	Corresponding Author's Name Jiang Zhu			
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China								
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Section 2.	The Work Under C	onsideratior	n for Publ	ication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited				commercial, private foundation, etc design, manuscript preparation,	:.) for	
Section 3.	Relevant financial	activities ou	tside the	submitted	work.			
of compensation	) with entities as descri	ibed in the ins	tructions. l	Jse one line fo	or each entity	relationships (regardless of amo y; add as many lines as you need <b>6 months prior to publication</b> .		
Are there any relevant conflicts of interest?    Yes    No								
If yes, please fill o	out the appropriate info	ormation belo	w.					
Name of Entity		Grant •		on-Financial Support	Other?	Comments		
Shaanxi Administratio Medicine	on of Traditional Chinese	<b>✓</b>			LC	MS022		
Wu Jieping Medical F	oundation	<b>✓</b>			32	0.6750.19092-23		
	ı							
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Do you have any	patents, whether plan	ned, pending	or issued, b	oroadly releva	nt to the wo	rk? ☐ Yes 🗸 No		

Chen 2



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Jiang 1



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Shaanxi Administration of Traditional Chinese Medicine		LCMS022				
Wu Jieping Medical Foundation	<b>✓</b>	320.6750.19092-23				
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Intellectual Prope	rty Patents & Copyri	gnts				
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes V No				

Jiang 2



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1. Given Name (First Name) Xiaoyun	2. Surname (Last Name) Wang		3. Date 03-September-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's N Jiang Zhu	Name		
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China					
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Are there any relevar		لـــــا	/es No			
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Shaanxi Administration o Medicine	f Traditional Chinese	<b>✓</b>				.CMS022
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Section 4. Int	tellectual Proper	tv Pate	nts & Copyr	iahts		
Do you have any pat		<u> </u>			int to the w	vork? ☐ Yes   ✓ No



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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Shi 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Yanghong	2. Surname (Last Name) Shi		3. Date 03-September-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name			
5. Manuscript Title Pain characteristics in amyotrophic lateral sclerosis patients and its impact on quality of life: a prospective observational study in a northern city of China						
6. Manuscript Identifying Number (if you kn APM-20-864	ow it)					
Section 2. The Work Under Co	onsideration for Publi	ication				
Did you or your institution <b>at any time</b> receing any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere	but not limited to grants, d					
Section 3. Relevant financial a	activities outside the	submitted work.				
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Uport relations hips that we	Jse one line for each er	ntity; add as many lines as you need by			
If yes, please fill out the appropriate info						
Name of Entity	Grant	on-Financial Other?	Comments			
Shaanxi Administration of Traditional Chinese Medicine	<b>✓</b>		LCMS022			
Nu Jieping Medical Foundation	<b>✓</b>		320.6750.19092-23			
Section 4						
Section 4. Intellectual Proper	ty Patents & Copyri	ghts				
Do you have any patents, whether plann	ned, pending or issued, b	roadly relevant to the	work? ☐ Yes ✓ No			

Shi 2



Section 5
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Shi reports grants from Shaanxi Administration of Traditional Chinese Medicine, grants from Wu Jieping Medical Foundation, outside the submitted work; .

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Zhao 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Bin	2. Surname (Last Name) Zhao		3. Date 03-September-2020		
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name  Jiang Zhu				
5. Manuscript Title Pain characteristics in amyotrophic later study in a northern city of China	ral sclerosis patients and	its impact on quality c	of life: a prospective observational		
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Section 3. Relevant financial a	activities outside the	submitted work.			
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If yes, please fill out the appropriate info					
Name of Entity	Grant? Personal No	on-Financial Other?	Comments		
Shaanxi Administration of Traditional Chinese Medicine	<b>✓</b>		LCMS022		
Nu Jieping Medical Foundation	<b>✓</b>		320.6750.19092-23		
Section 4. Intellectual Proper					
Intellectual Proper	ty Patents & Copyri	ights			
Do you have any patents, whether plann	ned, pending or issued, b	oroadly relevant to the	work? ☐ Yes ✓ No		

Zhao 2



Coetion F					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.				
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	grants from Shaanxi Administration of Traditional Chinese Medicine, grants from Wu Jieping Medical side the submitted work; .				

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Zhu 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Jiang		2. Surname (Last Na Zhu	me)		3. Date 02-September-2020		
4. Are you the cor	responding author? Yes No						
5. Manuscript Title Pain characterist study in a northe	ics in amyotrophic later	al sclerosis patients	and its impact on	quality of	life: a prospective observational		
6. Manuscript Identifying Number (if you know it) APM-20-864							
	ı						
Section 2.	The Work Under Co	onsideration for P	ublication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gra			nt, commercial, private foundation, etc.) f dy design, manuscript preparation,		
Section 3.	Relevant financial	activities outside	the submitted	work.			
of compensation clicking the "Add	) with entities as descri +" box. You should rep	bed in the instruction fort relationships the	ns. Use one line fo	or each en	al relationships (regardless of amoun tity; add as many lines as you need by <b>36 months prior to publication</b> .		
•	evant conflicts of intere out the appropriate info		No				
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
Shaanxi Administratio Medicine	on of Traditional Chinese	<b>✓</b>			LCMS022		
Wu Jieping Medical F	oundation	<b>✓</b>			320.6750.19092-23		
Section 4.	Intellectual Proper	ty Patents & Co	pyrights				
Do you have any	patents, whether plans	ned, pending or issu	ed, broadly releva	nt to the v	vork? Yes V		

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Section 5					
Section 5. Relationships not covered above					
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