

## ICMJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Lianping He

Manuscript Title: Poor sleep quality and its related risk factors among university students

Manuscript number (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.

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4	Consulting fees	None	
5	Payment or honoraria for	None	

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## ICMJJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Lin Lang

Manuscript Title: Poor sleep quality and its related risk factors among university students

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## ICMJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Rui Wang

Manuscript Title: Poor sleep quality and its related risk factors among university students

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## ICMJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Wangyang Chen

Manuscript Title: Poor sleep quality and its related risk factors among university students

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## ICMJE DISCLOSURE FORM

Date: 2021-02-26

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## ICMJJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Yi Lin

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Your Name: Guanqing Chen

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## ICMJJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Wenying Zhao

Manuscript Title: Poor sleep quality and its related risk factors among university students

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Date: 2021-02-26

Your Name: Tinghui Li

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## ICMJJE DISCLOSURE FORM

Date: 2021-02-26

Your Name: Chunlei Han

Manuscript Title: Poor sleep quality and its related risk factors among university students

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11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
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