Date:	17/05/2021
Your Na	me: <u>Manru Fu</u>
Manusc	ript Title: The psychological impact of anxiety and depression on Chinese medical staff during the
outbrea	ak of the COVID-19 pandemic: a cross-sectional study
Manusc	ript 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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		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Time frame: Since the initial	
		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	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	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
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	<b>X</b> None	
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	

None.

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

Date:	17/05/2021
Your N	ame: <u>Dong Han</u>
Manus	cript Title: The psychological impact of anxiety and depression on Chinese medical staff during the
outbr	ak of the COVID-19 pandemic: a cross-sectional study
Manus	cript number (if known):

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		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	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	<b>X</b> None	
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	<b>X</b> None	
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	<b>X</b> None	

None.

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

Date:	17/05/2021
Your N	lame: <u>Minghui Xu</u>
Manus	script Title: The psychological impact of anxiety and depression on Chinese medical staff during the
outbr	eak of the COVID-19 pandemic: a cross-sectional study
Manus	script 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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		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	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	<b>X</b> None	
8	Patents planned, issued or pending	<b>X</b> None	
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	<b>X</b> None	
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	<b>X</b> None	

None.

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

Date:	<u>17/05/2021</u>
Your N	me: <u>Chen Mao</u>
Manus	ipt Title: The psychological impact of anxiety and depression on Chinese medical staff during th
outbr	k of the COVID-19 pandemic: a cross-sectional study
Manus	ipt number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>X</u> None	
		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 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	<b>X</b> None	
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	<b>X</b> None	
11	Stock or stock options	<b>X</b> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	<b>X</b> None	

None.

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

Date:	17/05/2021			
Your N	lame: <u>Dong Wang</u>			
Manuscript Title: The psychological impact of anxiety and depression on Chinese medical staff during the				
outbr	eak of the COVID-19 pandemic: a cross-sectional study			
Manus	script number (if known):			

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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.) <b>No time limit for this item.</b>	Public Health Policy Research and Evaluation Key Laboratory Project of the Philosophy and Social Sciences of Guangdong College (grant No. 2015WSYS0010) Public Health Service System Construction Research Foundation of Guangzhou (2021-2023)	Payments were made to my institution-School of Health Management, Southern Medical University. Payments were made to my institution-School of Health Management, Southern Medical University.			
	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					

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

Dr. Wang reported that this work was supported by a grant from the Public Health Policy Research and Evaluation Key Laboratory Project of the Philosophy and Social Sciences of Guangdong College (grant No. 2015WSYS0010), and a grant from the Public Health Service System Construction Research Foundation of Guangzhou (2021-2023).

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