

ICMJE DISCLOSURE FORM

Date: 2021-09-08

Your Name: Yan Tang

Manuscript Title: Effect of postoperative urinary retention in older patients with hip fracture on self-efficacy, resilience, and quality of life

(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			
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3	Royalties or licenses	None	
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6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

The authors have no conflicts of interest to declare.

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

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Date: 2021-09-08

Your Name: Xiao-Yan Wu

Manuscript Title: Effect of postoperative urinary retention in older patients with hip fracture on self-efficacy, resilience, and quality of life

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Date: 2021-09-08

Your Name: Li-Jun Tang

Manuscript Title: Effect of postoperative urinary retention in older patients with hip fracture on self-efficacy, resilience, and quality of life

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Date: 2021-09-08

Your Name: Na Xu

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