

ICMJE DISCLOSURE FORM

Date: Dec. 17th, 2021

Your Name: Tamara Reitzel

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

Manuscript number (if known): APM-21-3361

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2021

Your Name: Anja Bergmann, M.Sc.

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

Manuscript number (if known): APM-21-3361

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ICMJE DISCLOSURE FORM

Date: Dec. 17th, 2021

Your Name: Karlotta Schlösser, M.Sc.

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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ICMJE DISCLOSURE FORM

Date: Dec. 17th, 2021

Your Name: Berenike Pauli

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2021

Your Name: Dr Yvonne Eisenmann

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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ICMJE DISCLOSURE FORM

Date: Dec. 17th, 2021

Your Name: Winfried Randerath

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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ICMJE DISCLOSURE FORM

Date: Dec. 20th, 2021

Your Name: Dr Armin Tuchscherer, MD

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

Manuscript number (if known): APM-21-3361

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ICMJE DISCLOSURE FORM

Date: Dec. 23th, 2021

Your Name: Konrad Frank

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

Manuscript number (if known): APM-21-3361

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ICMJE DISCLOSURE FORM

Date: Dec. 17th, 2021

Your Name: Dr Anne Pralong, MD

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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Date: Dec. 17th, 2021

Your Name: Steffen Simon

Manuscript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative interview study

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The author reports the funding from the Federal Ministry of Education and Research (funding code: 01GY1716) and University Hospital of Cologne.

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