Date: <u>Dec. 17th, 20</u>	21
Your Name: Tam	ara Reitzel
Manuscript Title:	The experience of episodic breathlessness from the perspective of informal caregivers: A
qualitative interview s	tudy
Manuscript number (if	fknown): 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for	X None			
lectures, presentations,				
speakers bureaus,				
manuscript writing or				
educational events				
6 Payment for expert testimony	XNone			
testimony				
7 Support for attending meetings and/or travel	XNone			
meetings undy or traver				
8 Patents planned, issued or	XNone			
pending				
9 Participation on a Data	XNone			
Safety Monitoring Board or Advisory Board				
10 Leadership or fiduciary role	X None			
in other board, society,	X			
committee or advocacy				
group, paid or unpaid				
11 Stock or stock options	XNone			
12 Receipt of equipment,	X None			
Receipt of equipment, materials, drugs, medical	x_none			
writing, gifts or other				
services				
13 Other financial or non-	XNone			
financial interests				
Please summarize the above conflict of interest in the following box:				

None.			

Date:	Dec. 20 th , 2021
Your Na	me: Anja Bergmann, M.Sc.
	ript Title: The experience of episodic breathlessness from the perspective of informal caregivers: A qualitative w study
Manusc	ript number (if known): APM-21-3361
related	terest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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

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

None.			

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

Date: <u>Dec. 17th,</u>	2021	
Your Name: <u>K</u>	rlotta Schlösser, M.Sc.	
Manuscript Title: _	The experience of episodic breathlessness from the perspective of informal caregiver	rs: A
qualitative intervie	y study	
Manuscript numbe	(if known):APM-21-3361	

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for	X None			
lectures, presentations,				
speakers bureaus,				
manuscript writing or				
educational events				
6 Payment for expert testimony	XNone			
testimony				
7 Support for attending meetings and/or travel	XNone			
meetings undy or traver				
8 Patents planned, issued or	XNone			
pending				
9 Participation on a Data	XNone			
Safety Monitoring Board or Advisory Board				
10 Leadership or fiduciary role	X None			
in other board, society,	X			
committee or advocacy				
group, paid or unpaid				
11 Stock or stock options	XNone			
12 Receipt of equipment,	X None			
Receipt of equipment, materials, drugs, medical	x_none			
writing, gifts or other				
services				
13 Other financial or non-	XNone			
financial interests				
Please summarize the above conflict of interest in the following box:				

None.			

Date: Dec. 1	^{7th} , 2021
Your Name:	Berenike Pauli
Manuscript Title	The experience of episodic breathlessness from the perspective of informal caregivers: A
qualitative inter	view study
Manuscript num	ber (if known): APM-21-3361

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for	X None			
lectures, presentations,				
speakers bureaus,				
manuscript writing or				
educational events				
6 Payment for expert testimony	XNone			
testimony				
7 Support for attending meetings and/or travel	XNone			
meetings undy or traver				
8 Patents planned, issued or	XNone			
pending				
9 Participation on a Data	XNone			
Safety Monitoring Board or Advisory Board				
10 Leadership or fiduciary role	X None			
in other board, society,	X			
committee or advocacy				
group, paid or unpaid				
11 Stock or stock options	XNone			
12 Receipt of equipment,	X None			
Receipt of equipment, materials, drugs, medical	x_none			
writing, gifts or other				
services				
13 Other financial or non-	XNone			
financial interests				
Please summarize the above conflict of interest in the following box:				

None.			

Date: <u>Dec. 2</u>	0 ¹¹ , 2021
Your Name:	Dr Yvonne Eisenmann
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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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

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

Date:	Dec. 17	7 th , 2021		
Your N	Name:	Winfried Randerath	<u> </u>	
Manu	script Title	· The experience of oni	isodic broathlessness from the perspective of informal caregivers: A qualit	ati

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

interview study

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

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

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

None.			

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

Date: _	Dec.	. 20 th , 2021	
Your N	lame: _	Dr Armin Tuchscherer, MD	
Manus	cript Ti	tle: The experience of episodic breathlessness from the perspective of informal caregivers: A qual	litative

interview study

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

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

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

None.			

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

Date	e: <u>Dec. 23th, 2021</u>		
	r Name: Konrad Frank		
			odic breathlessness from the perspective of informal caregivers
Αqι	ualitative interview study nuscript number (if known):		
Mar	nuscript number (if known):	APM-21-3361_	
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	al planning of the work
		1	ar planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

_X__None

5 Payment or honoraria for	X None				
lectures, presentations,					
speakers bureaus,					
manuscript writing or					
educational events					
6 Payment for expert testimony	XNone				
testimony					
7 Support for attending meetings and/or travel	XNone				
meetings undy or traver					
8 Patents planned, issued or	XNone				
pending					
9 Participation on a Data	XNone				
Safety Monitoring Board or Advisory Board					
10 Leadership or fiduciary role	X None				
in other board, society,	X				
committee or advocacy					
group, paid or unpaid					
11 Stock or stock options	XNone				
12 Receipt of equipment,	X None				
Receipt of equipment, materials, drugs, medical	x_none				
writing, gifts or other					
services					
13 Other financial or non-	XNone				
financial interests					
Please summarize the above conflict of interest in the following box:					

None.			

Date:	Dec. 17	th , 2021	
Your Na	me:	Dr Anne Pralong, 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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		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) 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.	None	None
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.			

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

Date:	Dec. 17 ^{tl}	021	
Your N	lame:	effen Simon	
N /			

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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		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) 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.	The work was supported by the Federal Ministry of Education and Research (funding code: 01GY1716).	Funding for my institution (University hospital). The funding source had no impact on the study design, data collection, analysis, or interpretation of the data.
2	Grants or contracts from	None None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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

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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