

ICMJE DISCLOSURE FORM

Date: _____ 3/12/21 _____

Your Name: _____ Tim Lockett _____

Manuscript Title: ___ Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study _____

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	

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

 X 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: _____ 3/12/21 _____

Your Name: _____ Claudia Virdun _____

Manuscript Title: _____ Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study _____

Manuscript number (if known): _____

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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	I was part of the team that was awarded the BHI tender to conduct this work
Time frame: past 36 months			
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I was part of the team that was awarded the BHI tender to conduct this work

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ICMJE DISCLOSURE FORM

Date: _____ 3/12/21 _____

Your Name: _____ Angela Rao _____

Manuscript Title: ___ Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 3/12/21 _____

Your Name: _____ Lilian Daly _____

Manuscript Title: _____ Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study _____

Manuscript 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).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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ICMJE DISCLOSURE FORM

Date: 3/12/21

Your Name: Nadine Hackl

Manuscript Title: Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<u> </u> None	

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

All authors have completed the ICMJE uniform disclosure form. Lilian Daly, Nadine Hackl and Alexander Willems are employed by the funding body, the Bureau of Health Information. The other 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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ICMJE DISCLOSURE FORM

Date: 3/12/21

Your Name: Alexander Willems

Manuscript Title: Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3/12/21

Your Name: Jane Phillips

Manuscript Title: Improving the methods for patient reported experience measures (PREMs) in palliative care: Findings from a cognitive interview study

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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