

ICMJE DISCLOSURE FORM

Date: 2022/05/07

Your Name: Xue Yang

Manuscript Title: Exploring the Complex Pathways between somatosensory impairment, physical ability and Affective Symptoms following Stroke: Mediation Analyses

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.

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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)
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13	Other financial or non-financial interests	√ None	

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The author disclosed no relevant relationships.

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

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Date: 2022/05/07

Your Name: Yutong Fu

Manuscript Title: Exploring the Complex Pathways between somatosensory impairment, physical ability and Affective Symptoms following Stroke: Mediation Analyses

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Your Name: Hong Fan

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Date: 2022/05/07

Your Name: Jibing Ou

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Your Name: Jimin Chen

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