

## ICMJE DISCLOSURE FORM

Date: 28 July, 2021  
 Your Name: Yang Ji  
 Manuscript Title: Use of the pictorial Sleepiness and Sleep Apnoea Scale (pSSAS) in Chinese patients with suspected Obstructive Sleep Apnoea Syndrome (OSAS)  
 Manuscript number (if known): JTD-20-2152-R3

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The Shenzhen government	This study was financially supported by the Sanming Project of Medicine in Shenzhen, China, "Integrated Airways Disease Team led by Professor Kian Fan Chung from Imperial College London" (No. SZSM201612096).
		The University of Hong Kong-Shenzhen Hospital	In very recent of these days, we received the High Level-hospital Program, Health Commission of Guangdong Province, China (No. HKUSZH201901010) on supporting the medical writing and article processing charges of this paper. We will state and appreciate this funding in our manuscript.
<b>Time frame: past 36 months</b>			

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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	None	
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, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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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: 28 July, 2021  
 Your Name: Hongxia Wang  
 Manuscript Title: Use of the pictorial Sleepiness and Sleep Apnoea Scale (pSSAS) in Chinese patients with suspected Obstructive Sleep Apnoea Syndrome (OSAS)  
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## ICMJE DISCLOSURE FORM

Date: 25 July, 2021  
 Your Name: Min Liu  
 Manuscript Title: Use of the pictorial Sleepiness and Sleep Apnoea Scale (pSSAS) in Chinese patients with suspected Obstructive Sleep Apnoea Syndrome (OSAS)  
 Manuscript number (if known): JTD-20-2152-R3

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## ICMJE DISCLOSURE FORM

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 Your Name: Martyn R Partridge  
 Manuscript Title: Use of the pictorial Sleepiness and Sleep Apnoea Scale (pSSAS) in Chinese patients with suspected Obstructive Sleep Apnoea Syndrome (OSAS)  
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