

ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Danbee Kang

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> O Yes | the Ministry of Food and Drug Safety (18182MFDS407) in 2018 Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (2020R1I1A2074210) |

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

Danbee Kang received grants from the Ministry of Food and Drug Safety (18182MFDS407) in 2018 and Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (2020R1I1A2074210).

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: August 12th, 2021

Your Name: Jihyun Lim

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Bo-Guen Kim

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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Date: August 12th, 2021

Your Name: Heesu Nam

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Youngha Kim

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

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ICMJE DISCLOSURE FORM

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Your Name: Sooyeon Kim

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Sungkeun Shim

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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Your Name: Junghee Yoon

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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 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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| 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: August 12th, 2021

Your Name: Hyun Lee

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Sun Hye Shin

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Hye Yun Park

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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ICMJE DISCLOSURE FORM

Date: August 12th, 2021

Your Name: Juhee Cho

Manuscript Title: Psychometric validation of the Korean PROMIS-29 Profile v2.1 among patients with chronic pulmonary diseases

Manuscript number (if known): JTD-21-591

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

Juhee Cho received grants from the Ministry of Food and Drug Safety (18182MFDS407) in 2018 and Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (2020R111A2074210).

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