

ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Bo Peng

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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

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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.	The National Natural Science Foundation of China (81870021).	
Time frame: past 36 months			
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	speakers bureaus, manuscript writing or 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	___ 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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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Lin Sun

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-25
 Your Name: Yan Shang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-25
 Your Name: Yajuan Zhang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Xiwen Gao

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-26

Your Name: Ling Ye

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Meiling Jin

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Wei He

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24
 Your Name: Zhijun Jie
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-26
 Your Name: Chunling Du
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Lei Zhou

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Yang Liu

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	
5	Payment or honoraria for lectures, presentations,	<u>None</u>	

	speakers bureaus, manuscript writing or 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	____ 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: 2021-12-27
 Your Name: Xiaolian Song
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Juan Du

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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: 2021-12-25
 Your Name: Fengying Zhang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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: 2021-12-24

Your Name: Yi Gong

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-26
 Your Name: Yuheng Shi
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-27

Your Name: Wuping Bao

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Haihua Chen

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-25
 Your Name: Jin Wang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-24

Your Name: Chijun Wen

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-25
 Your Name: Weiha Li
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2022-1-24
 Your Name: Dandan Zhao
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
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5	Payment or honoraria for lectures, presentations,	<u>None</u>	

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6	Payment for expert testimony	____ None	
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ICMJE DISCLOSURE FORM

Date: 2021-12-26
 Your Name: Gang Wang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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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.	The National Natural Science Foundation of China (81870021).	
Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
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ICMJE DISCLOSURE FORM

Date: 2021-12-28

Your Name: Xin Zhou

Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education

Manuscript number (if known): JTD-21-1604-CL

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ICMJE DISCLOSURE FORM

Date: 2021-12-28
 Your Name: Wei Tang
 Manuscript Title: Translation and validation of the Chinese version of PAKQ and its implementation in patient education
 Manuscript number (if known): JTD-21-1604-CL

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