Date:_____2021.9.25______

Your Name: Yuehan Chen ______ Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> _None	
3	Royalties or licenses	_ <u>X</u> _None	
4	Consulting fees	X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> _None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

NONE.

Date:_____2021.9.25______

Your Name: Tingting Xu

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

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

NONE.

Date:_____2021.9.25______

Your Name: Xu Zhang

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
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.	Time frame: Since the initial _ X _None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or pending	X _None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

NONE.

Date:_____2021.9.25_____

Your Name: Xiansheng Zeng

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_ X _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X _None	
4	Consulting fees	_ X _None	

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

NONE.

Date:_____2021.9.25______

Your Name: Wei Xiao

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_ X _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

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

NONE.

Date:_____2021.9.25_____

Your Name: Xuejiao Yang ____

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	_ X _None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

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

NONE.

Date:_____2021.9.25______

Your Name: Wenzhi Zhan

Manuscript Title:__ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_ X _None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated	X _None		
	in item #1 above).			
3	Royalties or licenses	_ X _None		
4	Consulting fees	_ X _None		

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

NONE.

Date:_____2021.9.25______

Your Name: Chen Zhan

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	X_None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time mint for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	X_None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_ X _None		
4	Consulting fees	_ X _None		

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

NONE.

Date:_____2021.9.25______

Your Name: Kefang Lai

Manuscript Title:___ Prevalence and risk factors for postinfectious cough in discharged patients with COVID-19 Manuscript number (if known): JTD-21-876_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	X_None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time mint for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	X_None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_ X _None		
4	Consulting fees	_ X _None		

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

NONE.