

ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Kefang Lai

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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 current manuscript only.

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.

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

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

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

Dr. Lai has nothing to disclose.

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: November 2nd, 2021

Your Name: Lianrong Huang

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Haijin Zhao

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Feng Wu

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Guocui Zhen

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Haiyan Deng

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Wei Luo

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Wen Peng

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Mei Jiang

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Fang Yi

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

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Dr. Yi has nothing to disclose.

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: November 2nd, 2021

Your Name: Jianxin Sun

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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 current manuscript only.

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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)
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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

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6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Dr. Sun has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Pusheng Xu

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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

Dr. Xu has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Yuqi Zhou

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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

Dr. Zhou has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Yinji Xu

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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Dr. Xu has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Xiaoling Yuan

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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

Dr. Yuan has nothing to disclose.

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: November 2nd, 2021

Your Name: Yiju Zhao

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Dr. Zhao has nothing to disclose.

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: November 2nd, 2021

Your Name: Meihua Chen

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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Dr. Chen has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: November 2nd, 2021

Your Name: Yong Jiang

Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China

Manuscript number (if known): JTD-21-1737

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