ICMJE DISCLOSURE FORM

Date: May 14th, 2022 Your Name: Yoshihiro Kanemitsu Manuscript Title: Risk factors contributed to impaired cough-specific QoL during COVID-19 infection Manuscript number (if known): JTD-22-358

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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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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis Pharma MSD Sanofi	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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

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

Yoshihiro Kanemitsu reports research grants from Novartis Pharma, MSD, and Sanofi corporations, and payment or honoraria for lectures, presentations, or educational events from GSK, AstraZeneca, Kyorin, Sanofi, and Novartis outside the submitted work.

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: May 14th, 2022 Your Name: Akio Niimi Manuscript Title: Risk factors contributed to impaired cough-specific QoL during COVID-19 infection Manuscript number (if known): JTD-22-358

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astellas, Kyorin, Boehringer Ingelheim, Novartis, MSD, Daiichi Sankyo, Taiho, Teijin, Ono, Takeda, and Sanofi Pharmaceutical	
3	Royalties or licenses	XNone	

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

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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.