Date:	5/29/2022
Your Name:	Weitao Zhuang
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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.) <b>No time limit for this item.</b>	None         Image: State of the state	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Junhan Wu
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item #1 above).	None           Image: Description of the second sec	Click the tab key to add additional rows.
3	Royalties or licenses	☑         None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Haijie Xu
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item #1 above).	Image: None         Image: Image	Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Cheng Deng
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item	None     Image: Image: Description of the second	Click the tab key to add additional rows.
	#1 above).		
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Shaopeng Li
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item #1 above).	Image: None         Image: Image	Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Xiaosong Ben
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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.) <b>No time limit for this item.</b>	None         Image: State of the state	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Dan Tian
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None         Image: State of the state	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Wei Xu
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item #1 above).	Image: None         Image: Image	Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022
Your Name:	Yong Tang
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or contracts from any entity (if not indicated in item #1 above).	Image: None         Image: Image	Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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

Date:	5/29/2022	
Your Name:	Guibin Qiao	
Manuscript Title:	Exploring the psychological profile: A cross-sectional study of 1185 pulmonary nodules patients in the out-patient clinic	
Manuscript Number (if known):	Click or tap here to enter text.	

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 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.

		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.) <b>No time limit for this item.</b>	⊠         None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	the 2020 Guangdong Provincial Special Project for         Popularization of Science and Technology         Innovation         the Natural Science Foundation of Guangdong         Province         Science and Technology Program of Guangzhou, China	grant number: 2020A1414070007 grant number:2022A1515012469 a grant number: 202206010103
3	Royalties or licenses	☑ None	

		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)
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑         None	
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	

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