

## ICMJE DISCLOSURE FORM

Date: 04 January 2023

Your Name: Sung-Yoon Kang

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	V_None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	V_None	
3	Royalties or licenses	V_None	
4	Consulting fees	V_None	

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

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

I have no conflict of interest to declare.

**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: 31<sup>st</sup> Dec.2022

Your Name: Kyung-Min Ahn

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ V _ None	
3	Royalties or licenses	_ V _ None	
4	Consulting fees	_ V _ None	
5		_ V _ None	

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

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I have no conflict of interest to declare.
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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: 31<sup>st</sup> Dec.2022

Your Name: Ji-Hyang Lee

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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

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

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I have no conflict of interest to declare.

**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: 2<sup>nd</sup> Jan 2023

Your Name: Soo Jie Chung

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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

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

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## ICMJE DISCLOSURE FORM

Date: 31<sup>st</sup> Dec.2022

Your Name: Kyoung-Hee Sohn

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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

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

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I have no conflict of interest to declare.

**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: 3rd January 2023

Your Name: So Young Park

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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

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

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**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: JAN 04 2023

Your Name: Tae-Bum Kim

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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

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

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

None
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**Please place an "X" next to the following statement to indicate your agreement:**

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: 04 January 2023

Your Name: Woo-Jung Song

Manuscript Title: Development and Linguistic Validation of the Korean version of the Severe Asthma Questionnaire

Manuscript number (if known): JTD-22-1415-R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>MSD</u>	To myself
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>MSD, AstraZeneca, Shionogi, and GSK</u>	To myself

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

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

WJS declares academic grants from MSD, consulting fees from MSD, GSK, AstraZeneca, and Novartis, and honoraria from MSD, GSK, AstraZeneca, and Novartis.

**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.