

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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### 3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Inform	ation			
	Haenthying morn				
1. Given Name (First Name) Dae Hyun		2. Surname (Last Name) Kim		3. Date 04-December-2020	
4. Are you the corresponding author?		✓ Yes	No		
	5. Manuscript Title The Effects of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes				
6. Manuscript Identifying Number (if you know it) JHMHP-20-134					
Section 2.	The Work Under Co	onsideration	for Publication		
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No					
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Section 4.	Intellectual Proper	ty Patents	& Copyrights		
Do you have any	patents, whether plan	ned, pending o	or issued, broadly rele	evant to the work	? 🗌 Yes 🖌 No



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Dr. Kim has nothing to disclose.

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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Stephen		2. Surname (Last Name) O'Connor		3. Date 11-December-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dae Hyun Kim	
5. Manuscript Title The Effect of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes				
6. Manuscript Identifying Number (if you know it) JHMHP-20-134				
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1. Given Name (First Name) Jessica		2. Surname (Last Name) Williams	3. Date 11-December-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dae Hyun Kim	
5. Manuscript Title The Effect of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes				
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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) WILLIAM		2. Surname (Last Name) OPOKU-AGYEMAN		3. Date 14-December-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dae Hyun Kim	
5. Manuscript Title The Effect of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes			alth Outcomes	
6. Manuscript Identifying Number (if you know it) JHMHP-20-134				
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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Daniel	2. Surname (Last Name) Chu	3. Date 07-December-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dae Hyun Kim		
5. Manuscript Title The Effect of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes				
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1. Given Name (First Name) Seongwon	2. Surname (Last Name) Choi	3. Date 10-December-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dae Hyun Kim		
5. Manuscript Title The Effect of GI Patients' Health Literacy Levels on GI Patients' Health Outcomes				
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## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Choi has nothing to disclose.

#### **Evaluation and Feedback**