

ICMJE DISCLOSURE FORM

Date: 8/8/2022

Your Name: Cedric Knipe

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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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: 8/8/2022

Your Name: David Cotterill

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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ICMJE DISCLOSURE FORM

Date: 8/8/2022

Your Name: Gunn Grande

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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ICMJE DISCLOSURE FORM

Date: 7/29/2022

Your Name: Jackie Flynn

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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Date: 8/1/2022

Your Name: Kerin Bayliss

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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: 8/8/2022

Your Name: Lesley Goodburn

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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.

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ICMJE DISCLOSURE FORM

Date: 8/8/2022

Your Name: Margaret Booth

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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ICMJE DISCLOSURE FORM

Date: 8/2/2022

Your Name: Morag Farquhar

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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: 7/28/2022

Your Name: Dr Tracey Shield

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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: 8/8/2022

Your Name: Alexander Hodkinson

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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.

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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: 7/29/2022

Your Name: Alison Wearden

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/10/2022

Your Name: Christine Rowland

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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: 08/08/2022

Your Name: Danielle Harris

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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: 7/29/2022

Your Name: Maria Panagioti

Manuscript Title: Understanding what affects psychological morbidity in informal carers when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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.

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)						
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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="text-align: right; font-size: small; margin-top: 10px;">Click the tab key to add additional rows.</div>
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/8/2022

Your Name: Penny Bee

Manuscript Title: Understanding what affects psychological morbidity in informal carers of when providing care at home for patients at the end-of-life (EOL): a qualitative evidence synthesis

Manuscript Number (if known): HSDR NIHR135469 (18/01/01)

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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