| Date:                         | 7/6/2022   |
|-------------------------------|--|
| Your Name:                    | Gunn Grande  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468 Report 1   |

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  | of the work   |
| 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. | Project grant from NIHR HS&DR Ref NIHR135470_18.0101  Time frame: past 36 months             | Payment to my institution  Click the tab key to add additional rows.                |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None  |   |
| 3 | Royalties or<br>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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 7/4/2022   |
|-------------------------------|--|
| Your Name:                    | Jackie Flynn   |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468 Report 1   |

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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|---|---|---|---|
|   |   | Time frame: Since the initial planning of   | of the work   |
| 2 | 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.  Grants or contracts from any entity (if not indicated in item #1 above). | Project grant from NIHR HS&DR Ref NIHR135470- 18.0101. Funds paid directly to me rather than the UoM.  Time frame: past 36 months  None | Click the tab key to add additional rows.   |
| 3 | Royalties or licenses   | None 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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services  | None   |   |
| 13 | Other financial or<br>non-financial<br>interests   | None   |   |
|    | 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. |  |   |

3 12/13/2021 ICMJE Disclosure Form

| Date:                         | 6/28/2022  |
|-------------------------------|--|
| Your Name:                    | Kerin Bayliss  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were 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.)  No time limit for this item. | None  Click the tab key to add addition  Time frame: past 36 months  | nal rows.                               |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None  |   |
| 3 | Royalties or<br>licenses  | None 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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 7/4/2022   |
|-------------------------------|--|
| Your Name:                    | Morag Farquhar   |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468  |

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  | of the work   |
| 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. | Project grant from NIHR HS&DR Ref NIHR135470_18.0101)  | paid to institution  Click the tab key to add additional rows.                      |
|   |   | Time frame: past 36 months   | 5   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | ⊠ None   |   |
| 3 | Royalties or<br>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) |
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| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 6/30/2022  |
|-------------------------------|--|
| Your Name:                    | Dr Tracey Shield   |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468  |

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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.) No time limit for this item. | None   | Click the tab key to add additional rows.   |
|   |  | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   | None None  |   |
| 3 | Royalties or<br>licenses   | None None  |   |

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|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 6/29/2022  |
|-------------------------------|--|
| Your Name:                    | Alexander Hodkinson  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468 Report 1   |

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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/Commen made to you or to your | ts (e.g., if payments were 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.)  No time limit for this item. | None  Click the tab key to add addition  Time frame: past 36 months  | nal rows.                               |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None  |   |
| 3 | Royalties or<br>licenses  | None 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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 6/27/2022  |
|-------------------------------|--|
| Your Name:                    | Alison Wearden   |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468 Report 1   |

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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|   |   | 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.)  No time limit for this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 7/4/2022   |
|-------------------------------|--|
| Your Name:                    | Christine Rowland  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468  |

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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   |
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|   |   | Time frame: past 36 month  | s   |
| 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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 04/07/2022   |
|-------------------------------|--|
| Your Name:                    | Danielle Harris  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | HSDR NIHR135468  |

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  | of the work   |
| 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. | NIHR135470_18.0101   | Paid to institution  Click the tab key to add additional rows.                      |
|   |   | Time frame: past 36 months   |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None 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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 7/5/2022   |
|-------------------------------|--|
| Your Name:                    | Maria Panagioti  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | NIHR135468 Report 1  |

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.)  No time limit for this item. | None   | Click the tab key to add additional rows.   |  |
|   |   | Time frame: past 36 months   |   |  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#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 None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |

| Date:                         | 7/4/2022   |
|-------------------------------|--|
| Your Name:                    | Penny Bee  |
| Manuscript Title:             | What factors are associated with informal carers' psychological morbidity during end of life home care? A systematic review and thematic synthesis of observational quantitative studies |
| Manuscript Number (if known): | NIHR135468 Report 1  |

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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|   |  | 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.) No time limit for this item. | None   | Click the tab key to add additional rows.   |  |
|   |  | Time frame: past 36 months   |   |  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   | None None  |   |  |
| 3 | Royalties or<br>licenses   | None None  |   |  |

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|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
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| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
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| 11     | Stock or stock<br>options   | None   |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea 🖂 | 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. |  |   |