

ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Gizdem Akdur

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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)						
Time frame: Since the initial planning of the work									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 7/27/2023

Your Name: Lisa Irvine

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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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.

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Stacey Rand

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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ICMJE DISCLOSURE FORM

Date: 7/1/2023

Your Name: Ann-Marie Towers

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Academic lead for ASCOT programme of work	Unpaid (the University of Kent owns the IP to ASCOT. ASCOT is subject to a free licence for non-commercial use. Its use is tracked for wider impact purposes)

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: 7/27/2023

Your Name: Lucy Webster

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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Time frame: past 36 months									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: Click or tap to enter a date.

Your Name: Karen Spilsbury

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		HSDR funding committee 2014-2018	No payment to me or my institution
		PRP Core committee member 2022 - current	No payment to me or my institution
		DLAF panel member	No payment to me or my institution
		REF Sub-panel 3 member	Individual payment
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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: 7/28/2023

Your Name: Liz Jones

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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: 7/26/2023

Claire Goodman

Manuscript Title: National stakeholder consultation on how to measure care home residents' quality of life

Manuscript Number (if known): HSDR NIHR136154 - Research Article 15

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		Panel member NIHR HS&DR	2010-2017						
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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