| Date: | | | 7/26/2023 | | |
|--|---|--------|--|---|--|
| You | r Name: | | Gizdem Akdur | | |
| Manuscript Title: | | | National stakeholder consultation on how to measure care home residents' quality of life | | |
| Mar | nuscript Number (if k | nown): | HSDR NIHR136154 - Research Article 15 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti | | | ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufactionships | /interest, it is preferable that you do so. | |
| | em #1 below, report and for disclosure is the | | • | ithout time limit. For all other items, the time | |
| | | | entities with whom you have this hip 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 | |
| | 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. | 1 1 | through NIHR award ID: NIHR127234 | Payments made to University of Hertfordshire Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | S | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 1 1 | one Il Institute of Health and care Research project) | Institution payment | |
| 3 | Royalties or licenses | ⊠ No | one | | |

| | | 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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 | e: | | 7/27/2023 | | |
|------------------------|---|--|--|---|--|
| You | r Name: | | Lisa Irvine | | |
| Manuscript Title: | | | National stakeholder consultation on how t | o measure care home residents' quality of life | |
| Mar | nuscript Number (if k | nown): | HSDR NIHR136154 - Research Article 15 | | |
| confl affe indi- | tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me | ipt. "Rela of the ma e in doub os/activiti nsion, yo entioned | ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each use should declare all relationships with manufain the manuscript. | /interest, it is preferable that you do so. | |
| | ne for disclosure is the | | | , | |
| | | | ll entities with whom you have this ship 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 | |
| | 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. | | one d through award ID: NIHR127234 | Payments made to University of Hertfordshire Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | NIHR R | esearch for Social Care award SCR Career Development Award | Institution payment Institution payment | |
| 3 | Royalties or licenses | ⊠ N | one | | |

| | | 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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: | | | 7/26/2023 | | |
|--|---|---------|---|---|--|
| Your Name: | | | Stacey Rand | | |
| Manuscript Title: | | | National stakeholder consultation on how to | o measure care home residents' quality of life | |
| Mar | nuscript Number (if k | nown): | HSDR NIHR136154 - Research Article 15 | | |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned | | | nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript. | /interest, it is preferable that you do so. | |
| | | | l entities with whom you have this ship 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 | |
| | 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. | | al Institute of Health and care Research | Funding to my institution Click the tab key to add additional rows. | |
| | | | Time frame: past 36 months | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Nationa | al Institute of Health and care Research projects) | Funding to my institution | |
| 3 | Royalties or licenses | × No | one | | |

| | | 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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: | | 7/1/2023 | 7/1/2023 | | |
|-------------|---|---|--|--|--|
| You | ır Name: | Ann-Marie Towers | Ann-Marie Towers | | |
| Mai | nuscript Title: | National stakeholder consultation on how | to measure care home residents' quality of life | | |
| Mai | nuscript Number (if kr | nown): HSDR NIHR136154 - Research Article 15 | | | |
| con affe | tent of your manuscripected by the content of | pt. "Related" means any relation with for-profit or I f the manuscript. Disclosure represents a commitm | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. | | |
| epio | demiology of hyperten | s/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript. | | | |
| | tem #1 below, report a | all support for the work reported in this manuscript e past 36 months. | without time limit. For all other items, the time | | |
| | | 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 plannin | g of the work | | |
| 1 | All support for the present | □ None | | | |
| | manuscript (e.g., funding, provision | Funded through award ID: NIHR127234 | Payments made to University of Kent | | |
| | of study materials, | | | | |
| | medical writing, article processing | | | | |
| | charges, etc.) No time limit for | | | | |
| | this item. | | | | |
| | | Time frame: past 36 mont | hs | | |
| 2 | Grants or contracts from | □ None | | | |
| | any entity (if not | Various NIHR grants (HSDR, RfSC, SSCR, HSDR, | Institution payment | | |
| | indicated in item #1 above). | PRP) Norwegian Research Council grant | Institution payment | | |
| | | NIHR SSCR Research Leader Award | Institution payment | | |
| 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | □ None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Panel member NIHR Research for Social Care Panel member for NIHR School for Social Care Panel member for NIHR Three School's Dementia Awards | Unpaid Unpaid Unpaid |

| | | 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 non-financial interests | 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) | |
| 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: | 7/27/2023 |
|-------------------------------|--|
| 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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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 |
| 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. | National Institute of Health and Care Research | Funding to my institution Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns . |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | National Institute of Health and Care Research | Funding to my institution |
| 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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: | 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.

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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 | 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. | NIHR Senior Investigator Leeds Care Association | Institution payment Institution payment Click the tab key to add additional rows. |
| | | Time frame: past 36 months | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None | |
| 3 | Royalties or licenses | None □ | |

| | | | fications/Comments (e.g., if payments were to you or to your institution) |
|----|---|--|--|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | PRP Core committee member 2022 - current No pay DLAF panel member No pay | yment to me or my institution yment to me or my institution yment to me or my institution dual payment |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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 | 7/28/2023 | | |
|--|---|---|---|---|--|
| Your Name: | | <u>[</u> L | Liz Jones | | |
| Mar | nuscript Title: | _[r | National stakeholder consultation on how to measure care home residents' quality of life | | |
| Mar | nuscript Number (if k | nown): _ | HSDR NIHR136154 - Research Article 15 | | |
| In the interest of transparency, we ask you content of your manuscript. "Related" me affected by the content of the manuscript indicate a bias. If you are in doubt about of the author's relationships/activities/interest epidemiology of hypertension, you should that medication is not mentioned in the medication. | | ipt. "Relate of the manu e in doubt a os/activities, nsion, you s entioned in | ed" means any relation with for-profit or no script. Disclosure represents a commitme bout whether to list a relationship/activity/interests should be defined broadly. For a chould declare all relationships with manufathe manuscript. | es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if | |
| | | | ntities with whom you have this p 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. | Non | e nrough NIHR award ID: NIHR127234 | Payment made to own institution Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] Non | e | | |
| 3 | Royalties or licenses | ⊠ Non | e | | |

| | | 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or 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 non-financial 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: | | | 7/26/2023 | | |
|--|---|---------|---|---|--|
| | | | Claire Goodman | | |
| Mar | nuscript Title: | | National stakeholder consultation on how to measure care home residents' quality of life | | |
| Mar | nuscript Number (if I | 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 | | | ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so. | | |
| - | medication is not m | - | | actaricis of antinypertensive incurcation, even in | |
| | em #1 below, report ne for disclosure is th | | | vithout time limit. For all other items, the time | |
| | | | ll entities with whom you have this ship 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 | |
| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, | | one al Institute of Health and care Research | Funding to my institution Click the tab key to add additional rows. | |
| | article processing charges, etc.) No time limit for this item. | | | | |
| | | | Time frame: past 36 month | is | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Nation | al Institute of Health and care Research projects) | Funding to my institution | |
| 3 | Royalties or | ⊠ N | one | | |
| | licenses | Oxford | University Press | Payments to self | |

| | | 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 Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None ■ | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Alzheimer's Research Strategy Council Dementia UK, Research Strategy Committee NIHR Social Care Research Advisory Group Assessment Panel Welsh Government for Welsh Adult Social Care Research Centre Senior Investigator 15 and 16 selection committee (social care sub committee) | Current Current 2022 |

| | | 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) | |
|--|---|--|---|--|
| | | Panel member NIHR HS&DR | 2010-2017 | |
| 11 | Stock or stock options | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | ⊠ 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. | | | | |