Date:	3/13/2023
Your Name:	Alexander James Adamson
Manuscript Title:	What happens between first symptoms and first acute exacerbation of COPD? Mapping and prediction study
Manuscript Number (if known):	Click or tap here to enter text.

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 plannin	g 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 Time frame: past 36 mon	Click the tab key to add additional rows.
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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			3/8/2023	
Your Name: Manuscript Title:			Jennifer Quint What happens between first symptoms and first acute exacerbation of COPD? Mapping and prediction study	
Mar	uscript Number (if k	nown):	Click or tap here to enter text.	
cont affect indice The epid	ent of your manuscricted by the content of cate a bias. If you are author's relationship	ipt. "Rela of the mar e in doubt os/activitions on, you	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 of the should declare all relationships with manuf	/interest, it is preferable that you do so.
			·	rithout time limit. For all other items, the time
	ne for disclosure is th			ntilout time mint. For an 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	
			Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g.,	L J	one	
	present manuscript (e.g., funding, provision	NIHR HS	one	Paid to institution
	present manuscript (e.g., funding, provision of study materials, medical writing,	L J	one	
	present manuscript (e.g., funding, provision of study materials,	L J	one	Paid to institution
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	L J	one	Paid to institution
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	L J	one	Paid to institution Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR HS	DINE SDR	Paid to institution Click the tab key to add additional rows.
	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	NIHR HS	SDR Time frame: past 36 month	Paid to institution Click the tab key to add additional rows.
	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	NIHR HS	Time frame: past 36 month	Paid to institution Click the tab key to add additional rows.
	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	NIHR HS	Time frame: past 36 month	Paid to institution Click the tab key to add additional rows.
	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).	NIHR HS	Time frame: past 36 month	Paid to institution Click the tab key to add additional rows.
2	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).	NIHR HS	Time frame: past 36 month one DR UK, GSK, BI, asthma+lung UK, and AZ	Paid to institution Click the tab key to add additional rows.
2	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).	NIHR HS	Time frame: past 36 month one DR UK, GSK, BI, asthma+lung UK, and AZ	Paid to institution Click the tab key to add additional rows.

			cifications/Comments (e.g., if payments were le 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	GlaxoSmithKline, Evidera, AstraZeneca, Insmed. Paid	to me
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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/7/2023
Your Name:	Xiubin Zhang
Manuscript Title:	What happens between first symptoms and first acute exacerbation of COPD? Mapping and prediction study
Manuscript Number (if known):	Click or tap here to enter text.

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 plannin	g 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 Time frame: past 36 mon	Click the tab key to add additional rows.
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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			3/8/2023	
Your Name: Manuscript Title:			Alex Bottle	
			What happens between first symptoms and prediction study	What happens between first symptoms and first acute exacerbation of COPD? Mapping and prediction study
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.	
confaffe indi	tent of your manuscri cted by the content o cate a bias. If you are author's relationship	ipt. "Re of the m e in dou s/activi nsion, y	lated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen bt about whether to list a relationship/activity, ties/interests should be defined broadly. For e ou should declare all relationships with manufa	/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
			all entities with whom you have this nship 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	NIHR	None HSDR	Paid to institution
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
	medical writing, article processing charges, etc.)		Time frame: past 36 month	
2	medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month None HSDR, HDR UK, Dr Foster, Medtronic	

ľ		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 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	Member of NIHR HS&DR Researcher Led and Prioritisation Panel from 2016 to 2020

		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	
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				
Da	ate: 3/8/2023			
Yo	ur Name:	Benedict Hayhoe		
Ma	nuscript Title:	What happens between first symptoms and first acute exacerbation of COPD? Mapping and prediction study		
Ma	lanuscript Number (if known): Click or tap here to enter text.			
cor aff inc The ep tha	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 elationship 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	□ None		

		relationship or indicate none (add rows as needed)	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	None NIHR ARC	Paid to institution Click the tab key to add additional rows.	
	this item.			
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None None		

			ns/Comments (e.g., if payments were u 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 I work for eConsult, provider of electronic consultations for NHS primary, secondary and urgent / emergency care	Payment to me
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.			

3 12/13/2021 ICMJE Disclosure Form