ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Susanne Pettersson

Manuscript Title: Identification and Prediction of Fatigue Trajectories in People with Rheumatoid Arthritis

Manuscript Number (if known): ACROR-21-066

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 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) |
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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. | ☒ None |
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| 4 | Consulting fees                                                                                          | ☒ None                                                                            |
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|   |                                                                                                          |                                                                                   |
|   |                                                                                                          |                                                                                   |
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| 6 | Payment for expert testimony                                                                             | ☒ None                                                                            |
|   |                                                                                                          |                                                                                   |
|   |                                                                                                          |                                                                                   |
|   |                                                                                                          |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                                | ☒ None                                                                            |
|   |                                                                                                          |                                                                                   |
|   |                                                                                                          |                                                                                   |
|   |                                                                                                          |                                                                                   |
| 8 | Patents planned, issued or pending                                                                           | ☒ None                                                                            |
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|   |                                                                                                          |                                                                                   |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                             | ☒ None                                                                            |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid          | ☒ None                                                                            |
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| 13  | Other financial or non-financial interests                                                   | ☒ None                                                                               |
|     |                                                                                               |                                                                                      |

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Date: 10/1/2021

Your Name: Ingrid Demmelmaier

Manuscript Title: Identification and Prediction of Fatigue Trajectories in People with Rheumatoid Arthritis

Manuscript Number (if known): ACROR-21-066

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| 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                                                                        |
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| 13 | Other financial or non-financial interests                                                  | ☐ None                                                                           |
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Date: 10/4/2021

Your Name: Birgitta Nordgren

Manuscript Title: Identification and Prediction of Fatigue Trajectories in People with Rheumatoid Arthritis

Manuscript Number (if known): ACROR-21-066

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| Time frame: past 36 months |
| 2. Grants or contracts from any entity (if not indicated in item #1 above). | ☑ None |
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| 3. Royalties or licenses | ☑ None |
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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                              |
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| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                              |
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| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                              |
|   |                                                                                                 |                                                                                     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | ☒ None                                                                              |
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Date: 10/1/2021

Your Name: Alyssa B Dufour

Manuscript Title: Identification and Prediction of Fatigue Trajectories in People with Rheumatoid Arthritis

Manuscript Number (if known): ACROR-21-066

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| **3** Royalties or licenses | ☒ None |
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| 6 | Payment for expert testimony                                                                     | ☒ None                                                                              |
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| 7 | Support for attending meetings and/or travel                                                       | ☒ None                                                                              |
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| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                              |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                              |
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| 13 | Other financial or non-financial interests  ❌ None                                        |                                                                                  |
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Date: 10/2/2021

Your Name: Christina H. Opava

Manuscript Title: Identification and Prediction of Fatigue Trajectories in People with Rheumatoid Arthritis

Manuscript Number (if known): ACROR-21-066

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| 2 | None |
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|   |                                                                                                 |                                                                                 |
| 6 | Payment for expert testimony                                                                     | ☑ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 7 | Support for attending meetings and/or travel                                                      | ☐ None                                                                           |
|   |                                                                                                 | ACR/ARHP annual meeting, Chicago, 2018, travel grant, free housing and free registration |
|   |                                                                                                 | ACR/ARHP lifetime achievement Award, 2018                                       |
| 8 | Patents planned, issued or pending                                                                | ☑ None                                                                           |
|   |                                                                                                 |                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☑ None                                                                           |
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| 11 | **Stock or stock options** **☒ None** |                                                                                   |
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| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** **☒ None** |                                                                                   |
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