ICMJE DISCLOSURE FORM

Date: ___June 12th, 2022________________________
Your Name: ___ Hirotsugu Ohkubo
Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known): ____________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Fukuda Life Tech | Payments were made to the institution. |
|   | No time limit for this item. | Nippon Boehringer Ingelheim Co., Ltd | Payments were made to the institution. |
|   | Time frame: Since the initial planning of the work | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | |
| 3 | Royalties or licenses | _X_ None | |
| 4 | Consulting fees | _X_ None | |
| 5 | Payment or honoraria for lectures, presentations, | Nippon Boehringer Ingelheim Co., Ltd | |
|   |   |   |
|---|---|---|
| speakers bureaus, manuscript writing or educational events |   |   |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

Hirotsugu Ohkubo received research grants from Fukuda Life Tech (Nagoya, Japan), and Nippon Boehringer Ingelheim Co., Ltd, regarding the submitted work.
Hirotsugu Ohkubo received honoraria for lectures from Nippon Boehringer Ingelheim Co., Ltd.

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.
ICMJE DISCLOSURE FORM

Date: June 12th, 2022

Your Name: Kohei Fujita

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): __________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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. | X_None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None |
| 3 | Royalties or licenses | X_None |
| 4 | Consulting fees | X_None |
|   | Conflict of Interest                                                                 | Response |
|---|-------------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                        | _X_ None |
| 7 | Support for attending meetings and/or travel                                        | _X_ None |
| 8 | Patents planned, issued or pending                                                  | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                   | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                              | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services    | _X_ None |
|13 | Other financial or non-financial interests                                           | _X_ None |

Please summarize the above conflict of interest in the following box:

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.
ICMJE DISCLOSURE FORM

Date: ___ June 12th, 2022 _______________________________________________________________________
Your Name: ___ Akiko Nakano _____________________________________________________________________
Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known): ____________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_None                                                                         |
|   | **No time limit for this item.**                                                                 |                                                                                   |

**Time frame: Since the initial planning of the work**

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_None                                                                         |
| 3 | Royalties or licenses                                                   | _X_None                                                                         |
| 4 | Consulting fees                                                        | _X_None                                                                         |

**Time frame: past 36 months**
|   | Conflict of Interest | Response |
|---|----------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

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.
ICMJE DISCLOSURE FORM

Date: June 12th, 2022

Your Name: Yuki Amakusa

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X_None                                                                           |
|   | **No time limit for this item.**                                                                |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |                                                                                     |                                                                        |
|---|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | X_None                                                                 |
| 3 | Royalties or licenses                                                                 | X_None                                                                 |
| 4 | Consulting fees                                                                      | X_None                                                                 |

**Time frame: past 36 months**
|   | 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X__None |
|---|---|-------------------------------------------------|---------|
|   | 6 | Payment for expert testimony | X__None |
|   | 7 | Support for attending meetings and/or travel | X__None |
|   | 8 | Patents planned, issued or pending | X__None |
|   | 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X__None |
|   | 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X__None |
|   | 11 | Stock or stock options | X__None |
|   | 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X__None |
|   | 13 | Other financial or non-financial interests | X__None |

Please summarize the above conflict of interest in the following box:

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.
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Date: June 12th, 2022
Your Name: Yuta Mori
Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X_None |
|   | **Time frame: Since the initial planning of the work**                                          |                                                                                      |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X_None |
| 3 | Royalties or licenses                                                                          | X_None |
| 4 | Consulting fees                                                                                | X_None |
|   | **Time frame: past 36 months**                                                                  |                                                                                      |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                  | X None |
| 7 | Support for attending meetings and/or travel                                  | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                        | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                    | X None |

Please summarize the above conflict of interest in the following box:

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.
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Date: ___June 12th, 2022___

Your Name: ___Kensuke Fukumitsu___

Manuscript Title: ___SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis___

Manuscript number (if known): ____________________________________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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) |
|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **1** 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. | _X_ None |
| **2** Time frame: past 36 months | Grants or contracts from any entity (if not indicated in item #1 above). Novartis Pharma and GSK. | Payments were made to the institution. |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |
|   | Conflicts of Interest                                                                 | Agreement |
|---|--------------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |
| 6 | Payment for expert testimony                                                          | X None    |
| 7 | Support for attending meetings and/or travel                                          | X None    |
| 8 | Patents planned, issued or pending                                                    | X None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | X None    |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |
|11 | Stock or stock options                                                                | X None    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services      | X None    |
|13 | Other financial or non-financial interests                                            | X None    |

Please summarize the above conflict of interest in the following box:

Kensuke Fukumitsu has the following competing interests outside the submitted work. Kensuke Fukumitsu received research grants from Novartis Pharma and GSK

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.
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Date: ______ June 12th, 2022

Your Name: Satoshi Fukuda

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis

Manuscript number (if known):

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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | **Time frame: past 36 months** | |

[Table Content Continued...]


Satoshi Fukuda has the following competing interests outside the submitted work. Satoshi Fukuda received honoraria for lectures from AstraZeneca and Eli Lilly.

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.
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Date: June 12th, 2022
Your Name: Yoshihiro Kanemitsu

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | X None                                                                                 |

Time frame: Since the initial planning of the work

|   | Grants or contracts from any entity (if not indicated in item #1 above). | Novartis Pharma, MSD, Sanofi, and Kyowa-Kirin Corporation | Payments were made to the institution. |
|---|-------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| 2 | Royalties or licenses                                                  | X None                                                    |                                     |
| 3 | Consulting fees                                                        | X None                                                    |                                     |
|   | Description                                                                 | Organizations                                      |
|---|----------------------------------------------------------------------------|----------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | GSK, Novartis Pharma, AstraZeneca, Sanofi, and Kyorin |
| 6 | Payment for expert testimony                                              | X None                                             |
| 7 | Support for attending meetings and/or travel                               | X None                                             |
| 8 | Patents planned, issued or pending                                        | X None                                             |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None                                             |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None                                             |
|11 | Stock or stock options                                                   | X None                                             |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None                                             |
|13 | Other financial or non-financial interests                                | X None                                             |

Please summarize the above conflict of interest in the following box:

Yoshihiro Kanemitsu has the following competing interests outside the submitted work. Yoshihiro Kanemitsu received research grants from Novartis Pharma, MSD, Sanofi, and Kyowa-Kirin Corporation and honoraria for lectures from GSK, Novartis Pharma, AstraZeneca, Sanofi, and Kyorin.

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.
Date: _______ June 12th, 2022 __________________________________________________

Your Name: Takehiro Uemura __________________________________________________

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis

Manuscript number (if known): __________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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.** | X None                                                                              |
|   | **Time frame: Since the initial planning of the work**                                            |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | X None                                                                              |
| 3 | Royalties or licenses                                                                            | X None                                                                              |
| 4 | Consulting fees                                                                                  | X None                                                                              |
|   | **Time frame: past 36 months**                                                                    |                                                                                   |
Please summarize the above conflict of interest in the following box:

Takehiro Uemura has the following competing interests outside the submitted work.
Takehiro Uemura received honoraria for lectures from AstraZeneca and Eli Lilly.

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.
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Date: June 12th, 2022
Your Name: Tomoko Tajiri
Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known): _____________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.

| Item | 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) |
|------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_None                                                                                   |
|      | **No time limit for this item.**                                                                                 |                                                                                            |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                                          | _X_None                                                                                   |
| 3    | Royalties or licenses                                                                                             | _X_None                                                                                   |
| 4    | Consulting fees                                                                                                    | _X_None                                                                                   |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                               | X None |
| 7 | Support for attending meetings and/or travel                               | X None |
| 8 | Patents planned, issued or pending                                         | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                      | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                  | X None |

Please summarize the above conflict of interest in the following box:

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.
ICMJE DISCLOSURE FORM

Date: _______June 12th, 2022________

Your Name: ____Ken Mano____

Manuscript Title: ____SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis________

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) |
|---|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None |
|   | **No time limit for this item.** | **Time frame: Since the initial planning of the work** |

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Nippon Boehringer Ingelheim Co., Ltd. |
|   | Payments were made to the institution. | **Time frame: past 36 months** |
| 3 | Royalties or licenses | **X** None |
| 4 | Consulting fees | **X** None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Pfizer and Chugai Pharmaceutical |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

Please summarize the above conflict of interest in the following box:

Ken Maeno has the following competing interests outside the submitted work.
Ken Maeno received research support from Nippon Boehringer Ingelheim Co., Ltd., and honoraria for lectures from Pfizer and Chugai Pharmaceutical.

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.
ICMJE DISCLOSURE FORM

Date: __June 12th, 2022______________________________
Your Name: ___Yutaka Ito__________________________
Manuscript Title: **SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis**
Manuscript number (if known): ______________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None |
| **Time frame: Since the initial planning of the work** | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None |
| **3** | Royalties or licenses | **X** None |
| **4** | Consulting fees | **X** None |
| **Time frame: past 36 months** | | |
|   | Conflict of Interest Category                                                                 | Your Response |
|---|-----------------------------------------------------------------------------------------------|---------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None       |
| 6 | Payment for expert testimony                                                                  | _X_ None       |
| 7 | Support for attending meetings and/or travel                                                  | _X_ None       |
| 8 | Patents planned, issued or pending                                                             | _X_ None       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                             | _X_ None       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None       |
| 11| Stock or stock options                                                                        | _X_ None       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services              | _X_ None       |
| 13| Other financial or non-financial interests                                                     | _X_ None       |

Please summarize the above conflict of interest in the following box:

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.
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Date: __________ June 12th, 2022 __________________________________________________________________
Your Name: Tetsuya Oguri ______________________________________________________________________
Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis __________
Manuscript number (if known): __________________________________________________________________________

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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| No. | Source of Support or Relationship/Activity/Interest | 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) |
|-----|---------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None | |
|     | **No time limit for this item.** | | |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above). | Kyowa Hakko Kirin, Nippon Boehringer Ingelheim Co., Ltd., Ono Pharmaceutical, and Novartis. | Payments were made to the institution. |
| 3   | Royalties or licenses | _X__None | |

*Time frame: Since the initial planning of the work*

*Time frame: past 36 months*
4 Consulting fees | X None  
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | AstraZeneca, Eli Lilly Japan, Taiho Pharmaceutical, Pfizer, Chugai Pharmaceutical, MSD, Daiichi Sankyo, and Asahi Kasei Pharma  
6 Payment for expert testimony | X None  
7 Support for attending meetings and/or travel | X None  
8 Patents planned, issued or pending | X None  
9 Participation on a Data Safety Monitoring Board or Advisory Board | X None  
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None  
11 Stock or stock options | X None  
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None  
13 Other financial or non-financial interests | X None  

Please summarize the above conflict of interest in the following box:

Tetsuya Oguri has the following competing interests outside the submitted work. Tetsuya Oguri reports honoraria for lectures from AstraZeneca, Eli Lilly Japan, Taiho Pharmaceutical, Pfizer, Chugai Pharmaceutical, MSD, Daiichi Sankyo, and Asahi Kasei Pharma, as well as research grants from Kyowa Hakko Kirin, Nippon Boehringer Ingelheim Co., Ltd., Ono Pharmaceutical, and Novartis.

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.
ICMJE DISCLOSURE FORM

Date: ___ June 12th, 2022

Your Name: ___ Yoshiyuki Ozawa

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis

Manuscript number (if known):

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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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 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.** | __X__ None |

| Time frame: past 36 months |
|---|
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| **3** Royalties or licenses | __X__ None |
| **4** Consulting fees | __X__ None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|-------------------------------------------------------------------------------------------------------|----------------|
| 6 | Payment for expert testimony                                                                          | _X_ None     |
| 7 | Support for attending meetings and/or travel                                                          | _X_ None     |
| 8 | Patents planned, issued or pending                                                                    | _X_ None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                     | _X_ None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid     | _X_ None     |
| 11| Stock or stock options                                                                               | _X_ None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                      | _X_ None     |
| 13| Other financial or non-financial interests                                                            | _X_ None     |

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

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Date: __June 12th__, 2022
Your Name: __Takayuki Murase__

Manuscript Title: SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis
Manuscript number (if known): _______________________________________________________________________

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.) | _X_None                                                                           |
|   | **No time limit for this item.**                                                            |                                                                                   |
|   | **Time frame: past 36 months**                                                              |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                    | _X_None                                                                           |
| 3 | Royalties or licenses                                                                      | _X_None                                                                           |
| 4 | Consulting fees                                                                           | _X_None                                                                           |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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None

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Date:____June 12th, 2022__________________________
Your Name:___Akio Niimi___________________________
Manuscript Title:___SARC-F questionnaire predicts health status and daily activity in patients with idiopathic pulmonary fibrosis___
Manuscript number (if known):__________________________________________________________________

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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. | X None                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Astellas, Kyorin Nippon Boehringer Ingelheim Co., Ltd., Novartis, MSD, Daiichi Sankyo, Taiho, Teijin, Ono, Takeda, and Sanofi Pharmaceutical Payments were made to the institution. |
| 3 | Royalties or licenses | X None                                                                 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | **Conflict of Interest**                                                                 |   |
|---|-----------------------------------------------------------------------------------------|---|
| 4 | Consulting fees                                                                        | X None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Astellas, AstraZeneca, Kyorin, GSK, MSD, Shionogi, Bayer, Sanofi, Taiho, and Nippon Boehringer Ingelheim Co., Ltd. |
| 6 | Payment for expert testimony                                                            | X None |
| 7 | Support for attending meetings and/or travel                                            | X None |
| 8 | Patents planned, issued or pending                                                       | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                      | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                  | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services        | X None |
| 13| Other financial or non-financial interests                                               | X None |

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Akio Niimi has the following competing interests outside the submitted work. Akio Niimi reports honoraria for lectures from Astellas, AstraZeneca, Kyorin, GSK, MSD, Shionogi, Bayer, Sanofi, Taiho, and Nippon Boehringer Ingelheim Co., Ltd., and research grants from Astellas, Kyorin Nippon Boehringer Ingelheim Co., Ltd., Novartis, MSD, Daiichi Sankyo, Taiho, Teijin, Ono, Takeda, and Sanofi Pharmaceutical.

**Please place an “X” next to the following statement to indicate your agreement:**

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