ICMJE DISCLOSURE FORM

Date: November 2nd, 2021
Your Name: Kefang Lai
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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.)<br>No time limit for this item. | __ X __None<br>                                                                 |                                                                                   |
| **Time frame: past 36 months** |                                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | _ X ___None<br>                                                                 |                                                                                   |
| 3 | Royalties or licenses                                                                         | __ X __None<br>                                                                 |                                                                                   |
| 4 | Consulting fees                                                                               | _ X ___None<br>                                                                 |                                                                                   |
|   | 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:

Dr. Lai has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021
Your Name: Lianrong Huang
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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|   | **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                                                                        |
|   |   |   |
|---|---|---|
| 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:

Dr. Huang has nothing to disclose.

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: November 2<sup>nd</sup>, 2021
Your Name: Haijin Zhao
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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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.)<br>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 |
|   |   |   |
|---|---|---|
| 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:

Dr. Zhao has nothing to disclose.

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: November 2nd, 2021
Your Name: Feng Wu
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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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|   |                                                                                                 |                                                                                   |
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| 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                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |   | 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                                                      |   | 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:

Dr. Wu has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021
Your Name: Guocui Zhen
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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                                            |                                                                                 |
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| 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:

Dr. Zhen has nothing to disclose.

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: November 2nd, 2021
Your Name: Haiyan Deng
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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| 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 |
|---|---------------------|
| 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:

Dr. Deng has nothing to disclose.

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

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Date: November 2\textsuperscript{nd}, 2021
Your Name: Wei Luo
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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| 3 | Royalties or licenses | _ X ___None |
| 4 | Consulting fees | _ X ___None |
| **Time frame: past 36 months** | | |
|   |                                                                 |   |
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| 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:**

Dr. Luo has nothing to disclose.

**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: November 2nd, 2021
Your Name: Wen Peng
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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| 3 | Royalties or licenses | X | None |
| 4 | Consulting fees | X | None |
|   |   |   |
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| 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:**

Dr. Peng has nothing to disclose.

**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: November 2\textsuperscript{nd}, 2021  
Your Name: Mei Jiang  
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China  
Manuscript number (if known): JTD-21-1737

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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 |  |
|   | Conflict of Interest Details                                                                 | Your 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:

Dr. Jiang has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021
Your Name: Fang Yi
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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

Dr. Yi has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021
Your Name: Jianxin Sun
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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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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|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 |
|   |   |   |
|---|---|---|
| 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:

Dr. Sun has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: November 2\textsuperscript{nd}, 2021
Your Name: Pusheng Xu
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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| 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 |

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

Dr. Xu has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021  
Your Name: Yuqi Zhou  
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China  
Manuscript number (if known): JTD-21-1737

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: 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 |
|   |   |   |
|---|---|---|
| 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:

Dr. Zhou has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: November 2\textsuperscript{nd}, 2021
Your Name: Yinji Xu
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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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|   | **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                                                                 |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 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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Dr. Xu has nothing to disclose.

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: November 2nd, 2021
Your Name: Xiaoling Yuan
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China
Manuscript number (if known): JTD-21-1737

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|   | **No time limit for this item.**                                                               |                                                                                   |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
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| 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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Dr. Yuan has nothing to disclose.

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

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Date: November 2\textsuperscript{nd}, 2021  
Your Name: Yiju Zhao  
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China  
Manuscript number (if known): JTD-21-1737

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Time frame: Since the initial planning of the work

Time frame: past 36 months
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| 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 |
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|   | group, paid or unpaid                                                        |       |
| 11| Stock or stock options                                                       | _X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | __X__None |
|   | services                                                                     |       |
| 13| Other financial or non-financial interests                                   | __X__None |

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Date: November 2\textsuperscript{nd}, 2021  
Your Name: Meihua Chen  
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China  
Manuscript number (if known): JTD-21-1737

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| 3 | Royalties or licenses                                                                          | __ X ___ None                                                                       |
| 4 | Consulting fees                                                                               | __ X ___ None                                                                       |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 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| _X_| None |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                       | _X_| None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_| None |
|   | services                                                                     |    |      |
| 13| Other financial or non-financial interests                                   | _X_| None |

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

Dr. Chen has nothing to disclose.

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: November 2\textsuperscript{nd}, 2021  
Your Name: Yong Jiang  
Manuscript Title: A Multicenter Survey on Current Status of Chronic Cough and Its Impact on Quality of Life in Guangdong, China  
Manuscript number (if known): JTD-21-1737

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|   | Time frame: past 36 months                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
No time limit for this item. | __ X __ None |
| 3 | Royalties or licenses                                                                                          | __ X __ None |
| 4 | Consulting fees                                                                                               | __ X __ None |

No time limit for this item.
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |  __ X __ None |
|---|--------------------------------------------------------------------------------------------------|---------------|
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| 7 | Support for attending meetings and/or travel |  __ X __ None |
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|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:**

Dr. Jiang has nothing to disclose.

**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.