ICMJE DISCLOSURE FORM

Date: Jul. 11\textsuperscript{th}, 2022
Your Name: Fang Wang
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder
Manuscript number (if known): TP-22-113

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 |
|   | No time limit for this item.                                                                 |                                                                                 |
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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 |

Time frame: Since the initial planning of the work

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.
Date: Jul. 11th, 2022  
Your Name: U-Chong Lao  
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder  
Manuscript number (if known): TP-22-113

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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                                                                                     |
|   |   |   |
|---|---|---|
| 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 |
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ICMJE DISCLOSURE FORM

Date: Jul. 11th, 2022
Your Name: Yi-Pei Xing
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder
Manuscript number (if known): TP-22-113

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**ICMJE DISCLOSURE FORM**

Date: Jul. 11\(^{th}\), 2022  
Your Name: Ping Zhou  
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder  
Manuscript number (if known): TP-22-113

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| 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 |

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ICMJE DISCLOSURE FORM

Date: Jul. 11th, 2022
Your Name: Wen-Lin Deng
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder
Manuscript number (if known): TP-22-113

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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 |
|   | 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: Jul. 11\textsuperscript{th}, 2022  
Your Name: Yu Wang  
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder  
Manuscript number (if known): TP-22-113

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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                                                                     |
|   |   |   |
|---|---|---|
| 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: Jul. 11th, 2022  
Your Name: Yue Ji  
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder 
Manuscript number (if known): TP-22-113

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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 | _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 |
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ICMJE DISCLOSURE FORM

Date: Jul. 11th, 2022
Your Name: Miao-Ying Chen
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder
Manuscript number (if known): TP-22-113

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|---|--------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

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|---|--------------------------------------------------------------------------------|
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| 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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ICMJE DISCLOSURE FORM

Date: Jul. 11th, 2022
Your Name: Hai Li
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder
Manuscript number (if known): TP-22-113

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|   |                                                                                                 |                                                                                  |
| 3 | Royalties or licenses                                                                           | _X_ None                                                                         |
|   |                                                                                                 |                                                                                  |
| 4 | Consulting fees                                                                                 | _X_ None                                                                         |

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

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ICMJE DISCLOSURE FORM

Date: Jul. 11th, 2022  
Your Name: Xiao-Bing Zou  
Manuscript Title: Parents’ Knowledge and Attitude and Behavior toward Autism: A Survey of Chinese Families having Children with Autism Spectrum Disorder  
Manuscript number (if known): TP-22-113

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| 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.