

#### **Instructions**

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Scheepers 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Carolina	rst Name)	2. Surnar Scheepe	ne (Last Name) ers	3. Date 30-April-2015	
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Perceived health		transport	choice for short distance trips		
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsiderat	tion for Publication		
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No					
Section 3.	Relevant financial	activities	outside the submitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the port relatio	instructions. Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.	
Soction 4					
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights		
Do you have any	patents, whether plan	ned, pendi	ing or issued, broadly relevant to th	e work? Yes No	

Scheepers 2



Section 5. Polationships not sovered above
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Dr. Scheepers has nothing to disclose.

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Wendel-Vos 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Wanda	2. Surname (Last Name) Wendel-Vos	3. Date 30-April-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Eline Scheepers
5. Manuscript Title Perceived health status associated wit	h transport choice for shor	t distance trips
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Section 2. The Work Under C	onsideration for Public	cation
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Wendel-Vos 2



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Wesemael, van



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Pieter	2. Surname (Last Name) Wesemael, van	3. Date 03-May-2015
4. Are you the corresponding author?	✓ Yes No	
	h transport choice for short distance trip	ps
6. Manuscript Identifying Number (if you k	(now it)	
Section 2. The Work Under C	Consideration for Publication	
Did you or your institution at any time reco	eive payment or services from a third party ( g but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the submitted	work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you ha ribed in the instructions. Use one line fo eport relationships that were <b>present d</b>	ove financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrights	
	nned, pending or issued, broadly releva	nt to the work? Yes No

Wesemael, van



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C	
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patent

den Hertog 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Frank	2. Surname (Last Name) den Hertog	3. Date 30-April-2015
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Eline Scheepers
5. Manuscript Title Perceived health status associated with	n transport choice for short	distance trips
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den Hertog 2



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Stipdonk 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Henk	2. Surname (Last Name) Stipdonk	3. Date
4. Are you the corresponding author?	0 Yes 1 No	Corresponding Author's Name Eline Scheepers
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Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes 2 No

Stipdonk 2



Relationships not covered above

Section 5.

**Evaluation and Feedback** 

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Int Panis 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Eline Scheepers	ne
5. Manuscript Title Perceived health		transport choice for short	distance trips	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ita monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
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of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Use port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Int Panis 2



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Relationships not covered above
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

van Kempen 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Elise	2. Surname (Last Name) van Kempen	3. Date 30-April-2015		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Eline Scheepers		
5. Manuscript Title Perceived health status associated wi	th transport choice for shor	t distance trips		
6. Manuscript Identifying Number (if you	know it)			
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Section 4. Intellectual Prop	erty Patents & Copyri	ghts		
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Schuit 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Albertine J	2. Surname (Last Name) Schuit	3. Date 30-April-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Scheepers		
5. Manuscript Title Perceived health status associated with	n transport choice for short	t distance trips		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	ionsideration for Public	cation		
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No				
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No		

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Section 5.		
Section 3.	Relationships not covered above	
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