

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Archana   | 2. Surname (Last Name)<br>Nelliot                                   | 3. Date<br>29-January-2019                    |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Victor Dinglas |
| 5. Manuscript Title<br>Acute Respiratory Failure Survivors' Physical, Mental and Cognitive Outcomes: Quantitative Measures vs. Semi-structured Interviews |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>201812-851OC   |   |   |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Ms. Nelliot has no relevant disclosures.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jacqueline

2. Surname (Last Name)  
O'Toole

3. Date  
29-January-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Victor Dinglas

5. Manuscript Title  
Acute Respiratory Failure Survivors' Physical, Mental and Cognitive Outcomes: Quantitative Measures vs. Semi-structured Interviews

6. Manuscript Identifying Number (if you know it)  
201812-851OC

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Dr. O'Toole has no relevant disclosures.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dale      2. Surname (Last Name) Needham      3. Date 29-January-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Victor D. Dinglas, MPH

5. Manuscript Title  
Acute Respiratory Failure Survivors' Physical, Mental and Cognitive Outcomes: Quantitative Measures vs. Semi-structured Interviews

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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Dr. Needham reports grants from NIH during the conduct of the study; .

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Michelle  | 2. Surname (Last Name)<br>Eakin                                     | 3. Date<br>30-January-2018                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Victor Dinglas, MPH |
| 5. Manuscript Title<br>Acute Respiratory Failure Survivors' Physical, Mental and Cognitive Outcomes: Quantitative Measures vs. Semi-structured Interviews |   |  |
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Dr. Eakin has nothing to disclose.

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1. Given Name (First Name)  
Victor

2. Surname (Last Name)  
Dinglas

3. Date  
23-January-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Acute Respiratory Failure Survivors' Physical, Mental and Cognitive Outcomes: Quantitative Measures vs. Semi-structured Interviews

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Mr. Dinglas has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Catherine   | 2. Surname (Last Name)<br>Hough                                     | 3. Date<br>13-August-2018                        |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Victor D. Dinglas |
| 5. Manuscript Title<br>Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews |   |  |
| 6. Manuscript Identifying Number (if you know it)   |   |  |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hough has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Friedman

3. Date

19-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Victor D. Dinglas

5. Manuscript Title

Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Ms. Friedman has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Mohammed  | 2. Surname (Last Name)<br>Nabeel                                    | 3. Date<br>10-August-2018                        |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Victor D. Dinglas |
| 5. Manuscript Title<br>Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews |   |  |
| 6. Manuscript Identifying Number (if you know it)   |   |  |

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nabeel has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yashika

2. Surname (Last Name)

Patel

3. Date

30-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Victor D. Dinglas

5. Manuscript Title

Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Patel has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pedro

2. Surname (Last Name)  
Mendez-Tellez

3. Date  
22-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Victor D. Dinglas

5. Manuscript Title  
Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews

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**Issued:** The patent has been issued by the agency

**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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) \_\_\_\_\_  
Ramona

2. Surname (Last Name) \_\_\_\_\_  
Hopkins

3. Date \_\_\_\_\_  
20-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name \_\_\_\_\_  
Victor D. Dinglas

5. Manuscript Title  
Acute Respiratory Failure Survivors' Physical, Mental, and Cognitive Outcomes: Patient Outcome Measures vs. Semi-structured Interviews

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                    |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| NIH NHLBI grant             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant to study ICU outcomes |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity                                | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                    |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Intermountain Research and Medical Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | grant to study ICU outcomes |



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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hopkins reports grants from NIH NHLBI grant, during the conduct of the study; grants from Intermountain Research and Medical Foundation, outside the submitted work; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.