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Ma	Manuscript title : Undersøgelse af søvnkvalitet – hvordan bruges spørgeskemaer og søvndagbog i den kliniske hverdag			
Ma	nuscript number (if known		niverdag	
are r third comi	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	em #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all 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)	
Tim	e frame: Since the initial plar			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None		
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Tim	e frame: past 36 months			
2	Grants or contracts from	⊠ None		
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1. februar 2023

Klaus Martiny

3	Royalties or licenses	⊠ None		
4	Consulting fees	⊠ None		
5	Payment or honoraria for	None Non		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
	testimony	110.110		
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None Non		
	pending			
9	Participation on a Data Safety Monitoring Board	None Non		
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
10	role in other board,	None		
	society, committee or			
	advocacy group, paid or unpaid			
	l .			
11	Stock or stock options	None Non		
12	Receipt of equipment,	⊠ None		
12	materials, drugs, medical	Notice		
	writing, gifts or other			
	services			
13	Other financial or non-	⊠ None		
	financial interests			
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Ma	Manuscript title: Undersøgelse af søvnkvalitet – hvordan bruges spørgeskemaer og søvndagbog i den				
			kliniske	hverdag	
Ma	nuscript n	umber (if known):		
are r third comi	related to the I parties wh mitment to	he content of yo nose interests ma o transparency ar	ur manuscript. "Related" ay be affected by the con	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	following q uscript only		o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
perta	ains to the	epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of nentioned in the manuscript.	
			port for the work reporte disclosure is the past 36 r	d in this manuscript without time limit. For all 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)	
Tim	e frame: Sir	nce the initial plar	-		
1	manuscrip provision materials,	t for the present of (e.g., funding, of study medical writing, ocessing charges,	⊠ None		
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Tim	ie frame: pa	st 36 months			
2	Grants or	contracts from	None Non		
		(if not indicated			

30. januar 2023

Date:

3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony	Notice	
7	Support for attending	⊠ None	
,	meetings and/or travel	Notice	
	, and the second		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
9 Participation on a Data 🛮 None		⊠ None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	□ None	
	role in other board,	Board member of the Danish Society of Sleep Medicine	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	financial interests		
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IVIA	nuscript title. Ondersøgers		ian bruges spørgeskemaer og søvndagbog rden	
	kliniske hverdag			
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are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
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	em #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all 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)	
Tim	e frame: Since the initial plar	nning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None		
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Tim	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
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31. januar 2023

Nanette Mol Debes

Date:

Your name:

3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	8 Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	aripara		
11	Stock or stock options	None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other services		
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13	Other financial or non-	None Non	
	financial interests		

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Mai	Manuscript title: Undersøgelse af søvnkvalitet – hvordan bruges spørgeskemaer og søvndagbog i den kliniske hverdag				
Mai	nuscript number (if knowr		nverdag		
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
Tim	e frame: Since the initial pla	1			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None			
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2	Grants or contracts from any entity (if not indicated in item #1 above)	None			
	in item #1 above).				

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Date:

3	Royalties or licenses	None Non	
4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Down ant for own ant	SZ N	
6	Payment for expert testimony	⊠ None	
	Command for add and has		
7	Support for attending meetings and/or travel	⊠ None	
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8	Patents planned, issued or pending	⊠ None	
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9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12	Receipt of equipment,	⊠ None	
-	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
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You	r name: Lone Baandrup		
Mai	nuscript title: Under	rsøgelse af søvnkvalite	t
Mar	nuscript number (if known)		
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
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	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
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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