

ICMJE DISCLOSURE FORM

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Date: 1. september 2021

Your name: Dagmar Beier

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-08-21-0646

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) |
|---|--|--|---|
| 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 | |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
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| 3 | Royalties or licenses | X None | |
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| 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 | |
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| 6 | Payment for expert testimony | X None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Travel Support: Novartis, Allergan, TEVA | |
| | | | |
| 8 | Patents planned, issued or pending | X None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Advisory Board Member: Novartis, Lilly, TEVA | |
| | | Clinical Trials: Novartis, TEVA, Lilly, Lundbeck | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None | |
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| 11 | Stock or stock options | X None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
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| | | | |
| 13 | Other financial or non-financial interests | X None | |
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Date: 26. august 2021

Your name: Henriette Edemann Callesen

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-08-21-0646

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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. | <input type="checkbox"/> None | |
| | | Consulting fee | Consulting fees from the Danish Headache Center, during the conduct of the study material. |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
| | | Consulting contract | Consulting fee from the Danish Concussion Center |
| | | Consulting contract | Consulting fee from the Danish Health Authority |
| | | Consulting contract | Consulting fee from the Danish Society for Arthroscopic Surgery and Sports Traumatology |
| | | Consulting contract | Consulting fees from the Danish Headache Center |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |

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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | As stated above in #2 | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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Date: 31. august 2021

Your name: Louise Ninett Carlsen

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known):

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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.) No time limit for this item. | X None | |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
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| 3 | Royalties or licenses | X None | |
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| 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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Date: 26/8-2021

Your name: Kirsten Birkefoss

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-08-21-0646

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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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Novo Nordisk | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Date: 1. september 2021

Your name: Hanna Tómasdóttir

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-04-21-0340

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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.) No time limit for this item. | <input type="checkbox"/> None | |
| | | Consulting fees from Region Hovedstaden | Payments to my private account |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> X None | |
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| 3 | Royalties or licenses | X <input type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | | Consulting fees as described in item #1 |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | | From Danske Osteopater |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Date: 26. august 2021

Your name: Hanne Würtzen

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-04-21-0340

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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 | |
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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
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| 3 | Royalties or licenses | X None | |
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| 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 | |
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| 6 | Payment for expert testimony | X None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | | President Danish Pain Society |
| | | | Chair Danish Health Psychology |
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| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
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| | | | |
| 13 | Other financial or non-financial interests | X None | |
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Date: 27. august 2021

Your name: Henrik Wulff Christensen

Manuscript title: ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-04-21-0340

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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. | <input type="checkbox"/> None Dansk Hovedpinecenter, frikøb fra klinik |

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Time frame: past 36 months

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None |

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| 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 | Kiropraktorkonsulent for patienterstatningen | |
| 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 | Boardmember ELIB (forskningsfonden under Norsk Kiropraktorforening) | |
| 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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26/8-21

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Date: 27. august 2021

Your name: Lotte Skytte Krøll

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UFL-08-21-0646

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| Time frame: past 36 months | | | |
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| 4 | Consulting fees | + None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | Lecture Novartis, Norge |
| 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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Date: August 29. 2021

Your name: Mette Jensen

Manuscript title: Statusartikel
Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known):

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| Time frame: Since the initial planning of the work | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | I am the chairman of the board of the Danish medical acupuncture society. |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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Date: 30. august 2021

Your name: Christel Vesth Høst

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known):

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| | | Danish Health Authority (Sundhedsstyrelsen) | Funding for development of the national clinical guidelines – payments to my institution |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 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 | |
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| 6 | Payment for expert testimony | X None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None | |
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| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
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| 13 | Other financial or non-financial interests | X None | |
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Date: 26. august 2021

Your name: Jakob Møller Hansen

Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine

Manuscript number (if known): UfL-04-21-0340

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Time frame: past 36 months

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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Lundbeck, TEVA, Novartis | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Director of National Headache Knowledge Center (Nationalt Videnscenter for Hovedpine) | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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