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Date: 1. september 20	21
Your name: Dagman	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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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.

Tim	e frame: Since the initial plan	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.) No time limit for this item.	X None	

Click TAB in last row to add extra rows

e frame: past 36 months		
Grants or contracts from	x None	
any entity (if not indicated		
in item #1 above).		
Royalties or licenses	X None	
	any entity (if not indicated in item #1 above).	Grants or contracts from x None any entity (if not indicated in item #1 above).

4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations,	X None
	speakers bureaus, manuscript writing or	
	educational events	
	Dayment for avnert	
6	Payment for expert testimony	X None
	·	
7	Support for attending	□ None
	meetings and/or travel	Travel Support: Novartis, Allergan, TEVA
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	□ None
	Safety Monitoring Board or Advisory Board	Advisory Board Member: Novartis, Lilly, TEVA
		Clinical Trials: Novartis, TEVA, Lilly, Lundbeck
10	Leadership or fiduciary role	x None
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	x None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	X None
13	financial interests	A None

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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JCMJE Disclosure Form (Feb2021); http://iemio.org Ugoskrift for Logor / Danish Medical Journal	Dago 2 of 2

Dat	e : 26. august 2021		
You	r name: Henriette E	demann Callesen	
Mai	nuscript title: Ikl	ke-medicinsk behandling af r	nigræne og spændingshovedpine
	nuscript number (if known)		
In the are third complete the second contract	ne interest of transparency, related to the content of you do parties whose interests maintenent to transparency a relationship/activity/inter	we ask you to disclose all our manuscript. "Related" hay be affected by the con and does not necessarily in est, it is preferable that yo	
	following questions apply to nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert anti	tains to the epidemiology on the hypertensive medication, e	f hypertension, you should be the standard from the first medication is referred to the standard from	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all
	er items, the time frame for	•	·
		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	e frame: Since the initial plan	-	
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study	Consulting fee	Consulting fees from the Danish Headache Center, during the conduct of the study material.
	materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
	<u> </u>		
2	Grants or contracts from	□None	
	any entity (if not indicated in item #1 above).	Consulting contract	Consulting fee from the Danish Concussion Center
	iii iteiii #1 abovej.	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	x□ None	_

	- Lu - C		
4	Consulting fees	☐ None	
		As stated above in #2	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony	A NOTICE	
	,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	A riselle	
0	Dankisia stiana ana Data		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
	ravisory board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Descipt of anythere set		
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
<u> </u>			
13	Other financial or non-	X None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Dat	e: 31. august 2021		
You	r name: Louise Ninett Ca	rlsen	
Mai	nuscript title: Ikk	ke-medicinsk behandling af n	nigræne og spændingshovedpine
Mai	nuscript number (if known)	:	
are thir com list	related to the content of you d parties whose interests m nmitment to transparency a a relationship/activity/inter	our manuscript. "Related" hay be affected by the cont and does not necessarily in rest, it is preferable that yo	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. Disclosivities/interests as they relate to the current
	nuscript only.	to the dathor's relationship	os factivities, interests as they relate to the <u>earrent</u>
peri anti In it	tains to the epidemiology of hypertensive medication, e	f hypertension, you should even if that medication is no oport for the work reporte	defined broadly. For example, if your manuscript dideclare 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)
Time	e frame: Since the initial plani		
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.		
			Click TAD in last years to add a star
T:	- forman and 26 march		Click TAB in last row to add extra rows
IIM	e 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	
		Attone	

4	Consulting fees	XNone
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	XNone
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
	-	e following statement to indicate your agreement: ered every question and have not altered the wording of any of the

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Dat	e : 26/8-2021		
You	ır name: Kirsten Birkefoss	3	
Ma	nuscript title:	ke-medicinsk behandling	af migræne og spændingshovedpine
Ma	nuscript number (if known)	: UFL-08-21-0646	
are thir	related to the content of you d parties whose interests m	our 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply t nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>
per	tains to the epidemiology o	f 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 super items, the time frame for		d in this manuscript without time limit. For all nonths.
		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)
	e frame: Since the initial plan		
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.		
			Click TAB in last row to add extra rows
Tim	e 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	X□ None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert	X□ None
	testimony	
7	Support for attending	X□ None
	meetings and/or travel	
8	Patents planned, issued or	X□ None
	pending	
9	Participation on a Data	X□ None
	Safety Monitoring Board or	ALI None
	Advisory Board	
10	Leadership or fiduciary role	V None
10	in other board, society,	X□ None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	□ None
		Novo Nordisk
12	Receipt of equipment,	V None
12	materials, drugs, medical	X□ None
	writing, gifts or other	
	services	
13	Other financial or non-	V None
13	financial interests	X□ None
	// !!	
	_	e following statement to indicate your agreement:
		ered every question and have not altered the wording of any of the
que	stions on this form.	

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Dat	1. september 2021		
You	r name : Hanna Tón	nasdóttir	
Maı	nuscript title: Ik	ke-medicinsk behandling af	migræne og spændingshovedpine
Maı	nuscript number (if known): UFL-04-21-0340	
are re hird comr ist a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily inc est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
oerta antih n ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should wen 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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar	relationship or indicate none (add rows as needed)	
Time	e frame: Since the initial plan All support for the present	relationship or indicate none (add rows as needed)	
	•	relationship or indicate none (add rows as needed) nning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	Payments to my private account
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.	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	institution)
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	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	Payments to my private account
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.	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region Hovedstaden	Payments to my private account
Time	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.	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region	Payments to my private account
Time 2	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. Grants or contracts from any entity (if not indicated in item #1 above).	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region Hovedstaden	Payments to my private account
Time	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. Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work None Consulting fees from Region Hovedstaden	Payments to my private account

4	Consulting fees	□ None	
			Consulting fees as described in item #1
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	□ None	From Danske Osteopater
8	Patents planned, issued or pending	□X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□X None	
10	O 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 place an "X" next to the following statement to indicate your agreement:			

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Dat	Date : 26. august 2021				
You	Your name: Hanne Würtzen				
Ma	nuscript title: Ikke	e-medicinsk behandling af migræne o	og spændingshovedpine		
Ma	nuscript number (if known)	: UFL-04-21-0340			
are thir com list	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 <u>current</u>				
maı	nuscript only.				
per anti In it	The author's relationships/activities/interests should be <u>defined broadly</u> . 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. 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	Specifications/Comments (e.g., if payments were made to you or to your		
		relationship or indicate none (add rows as needed)	institution)		
-	e frame: Since the initial plan				
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				

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	X None		

4	Consulting fees	X None	
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5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
	meetings and, or traver		
8	Patents planned, issued or	X None	
	pending	X None	
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
	-		
10	Leadership or fiduciary role	□ None	
	in other board, society, committee or advocacy group, paid or unpaid		President Danish Pain Society Chair Danish Health Psychology
			Chair Danish Health Faychology
11	Stock or stock options	X None	
		_	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests	A HONE	

[X] I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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You	ur name:	Henrik Wu	lff Christensen	
Ma	nuscript title:	ik	ke-medicinsk behandling af	migræne og spændingshovedpine
Ma	nuscript numbe	r (if known): UFL-04-21-0340	
are r third com	related to the co I parties whose i mitment to trans	ntent of yo nterests m sparency a	our manuscript. "Related" ay be affected by the cor	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questicuscript only.	ons apply t	o the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
perta antil In ite	ains to the epide hypertensive me em #1 below, rep	emiology of dication, evoort all sup	hypertension, you shoul ven if that medication is	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. ed 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	ne frame: Since the	e initial plar	nning of the work	
1	All support for t		☐ None	
	manuscript (e.g. provision of stud materials, medic article processin etc.)	dy cal writing,		Dansk Hovedpinecenter, frikøb fra klinik
	No time limit fo item.	r this		
Tim	ne frame: past 36 (months		Click TAB in last row to add extra rows
2	Grants or contra	acts from	□x None	
T.	any entity (if no in item #1 above	t indicated	- A HOIC	
3	Royalties or lice		x□ None	
	0 1			

Date: 27. august 2021

4	Consulting fees	X None	
-			
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
100	educational events		
	Caucational events		
6	Payment for expert		1
	testimony	Kiropraktorkonsulent for patienterstatningen	
7	Support for attending	x None	
	meetings and/or travel		
0	Parasia whose ad Bound on	VAL	_
8	Patents planned, issued or pending	X None	-
Г 4	pending		_
9	Participation on a Data Safety Monitoring Board	X None	
	or Advisory Board		
10	Leadership or fiduciary		
10	role in other board, society, committee or advocacy group, paid or unpaid	Boardmember ELIB	
		(forskningsfonden under	
		Norsk	
		Kiropraktorforening)	
4_1			
11	Stock or stock options	x None	
13300	THE PROPERTY OF THE PARTY OF TH		
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
	JCI VICCS		
13	Other financial or non-	x None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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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				
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 <u>current</u> <u>manuscript only</u> .				
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of				

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.

antihypertensive medication, even if that medication is not mentioned in the manuscript.

Tim	e frame: Since the initial plan	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.) No time limit for this item.	+ None	

Click TAB in last row to add extra rows

Tim	Time frame: past 36 months			
2	Grants or contracts from	+ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	+ None		

4	Consulting fees	+ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Lecture	Novartis, Norge
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	<mark>+ None</mark>	
	testimony		
7	Support for attending	+ None	
	meetings and/or travel	110110	
8	Patents planned, issued or	+ None	
	pending	· None	
	penamg		
9	Participation on a Data	+ None	
	Safety Monitoring Board or Advisory Board		
	Advisory Board		
10	Leadership or fiduciary role	+ None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
	group, paid or unpaid		
<u> </u>			
11	Stock or stock options	+ None	
12	Receipt of equipment,	+ None	
	materials, drugs, medical writing, gifts or other		
	services		
<u> </u>			
13	Other financial or non-	<mark>+ None</mark>	
	financial interests		

 χ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : August 29. 2021				
You	r name: Mette Jensen				
	Manuscript title: Statusartikel Ikke-medicinsk behandling af migræne og spændingshovedpine				
Maı	nuscript number (if known)	:			
are third com list a	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 <u>current</u>				
pert anti In it	tains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is no 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.		
Oth	er items, the time name for	alsolosure is the past so i			
		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	e frame: Since the initial plani	ning of the work			
1	All support for the present	X None			
	manuscript (e.g., funding, provision of study				
	materials, medical writing,				
	article processing charges,				
	etc.)				
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Time	e frame: past 36 months				
	Grants or contracts from	V None			
2	any entity (if not indicated	χ None			
	in item #1 above).				
2	•	V			
3	Royalties or licenses	X None			

4	Consulting fees	X None			
_	Decimant on homograpis for	VALOR			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None			
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending	X None			
	meetings and/or travel				
0	Datants planned issued or	V N			
8	Patents planned, issued or pending	X None			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Landarchin or fiduciany rala	□ None	□ None		
10	Leadership or fiduciary role	□ None	Law the chairman of the board of the Daviel we discl		
	in other board, society, committee or advocacy group, paid or unpaid		I am the chairman of the board of the Danish medical		
			acupuncture society.		
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical writing, gifts or other				
	services				
4.2	011 6 11	V			
13	Other financial or non-	X None			
	financial interests				

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 30. august 2021				
You	r name: Christel Vesth I	Høst			
Mai	Manuscript title: Ikke-medicinsk behandling af migræne og spændingshovedpine				
Mai	Manuscript number (if known):				
are thir com	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.				
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pert	tains to the epidemiology o	f 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 er 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)		
Time		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.)	□ None Danish Health Authority (Sundhedsstyrelsen)	Funding for development of the national clinical guidelines – payments to my institution		
	provision of study materials, medical writing, article processing charges,	Danish Health Authority			
	provision of study materials, medical writing, article processing charges, etc.)	Danish Health Authority			
	provision of study materials, medical writing, article processing charges, etc.)	Danish Health Authority	guidelines – payments to my institution		
Tim	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Danish Health Authority			
Time	provision of study materials, medical writing, article processing charges, etc.)	Danish Health Authority	guidelines – payments to my institution		
Time	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Danish Health Authority	guidelines – payments to my institution		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months Grants or contracts from any entity (if not indicated	Danish Health Authority (Sundhedsstyrelsen)	guidelines – payments to my institution		

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	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	X NOTE	
0	Dawkisination on a Data	V	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
		I .,	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
4.4		V	
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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Date : 26	Date : 26. august 2021			
Your name	Your name: Jakob Møller Hansen			
Manuscrip	t title: Ikke-medicinsk behandling af migræne og spændingshovedpine			
Manuscript number (if known): UfL-04-21-0340				

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Tim	e frame: Since the initial plan	nning of the work	
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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Tim	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
lecture speake manus	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Lundbeck, TEVA, Novartis
	_	
6	Payment for expert testimony	X None
7	Support for attending	X None
,	meetings and/or travel	ANORE
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Lilly
10	Leadership or fiduciary	□ None
10	role in other board, society, committee or advocacy group, paid or unpaid	Director of National Headache Knowledge Center (Nationalt Videnscenter for Hovedpine)
11	Stock or stock options	X None
12	Receipt of equipment,	X None
12	materials, drugs, medical writing, gifts or other services	A None
13	Other financial or non- financial interests	X None

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