Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 28. august 2023			
Your name: Mette Aaby Smith			
Manuscript title: Use of the Clinical Frailty Scale to assess patients referred to intensive care therapy			
Manuscript number (if known):			

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.

		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 plan	ning of the work	
1	All support for the present	☐ None	
	manuscript (e.g., funding, provision of study	Sygehus Lillebælts forskningsråd	Financed 1 year pay for my phD
	materials, medical writing, article processing charges, etc.) No time limit for this item.	University of Southern Denmark	Financed one year salary during my phD
		Overlæge Jørgen Werner	Granted 10,000 kr. to participating and presenting
		Schous og hustru Else Marie Schou fond	the results of the study at an international congress
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Tim	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	⊠ None		

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

☑ 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: 28. august 2023		
You	r name: Julie Ravn Hans	en	
Mai	nuscript title: Use of	the Clinical Frailty Scale to a	assess patients referred to intensive care therapy
Mar	nuscript number (if known)):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that you	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. ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	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)
Time	e frame: Since the initial plan	-	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study 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		
2	Grants or contracts from	None Non	
	any entity (if not indicated in item #1 above).		
2	•		
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 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 28. august 2023		
You	r name: Helene Korveni	us Nedergaard	
Mai	nuscript title: Use of	the Clinical Frailty Scale to a	assess patients referred to intensive care therapy
Mai	nuscript number (if known	n):	
are re third comr list a The f	elated to the content of your parties whose interests maitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, 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. Discriptions of the current o
perta antih In ite	nins to the epidemiology of ypertensive medication, e	f hypertension, you should ven if that medication is n port for the work reporte	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)
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.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	in item #1 above).	⊠ None	
3	3 .	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 28. august 2023		
You	r name: Hanne Irene Jer	nsen	
Mai	nuscript title: Use of	the Clinical Frailty Scale to a	assess patients referred to intensive care therapy
Mai	nuscript number (if known)):	
are ro third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, 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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen 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.
		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 plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None Non	
	in item #1 above).		
3	Royalties or licenses	■ None	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 28. august 2023		
You	r name: Anne Craveiro E	Brøchner	
Mar	nuscript title: Use of	the Clinical Frailty Scale to a	assess patients referred to intensive care therapy
Mar	nuscript number (if known)):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, 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.
	uscript only.		
perta antih In ite	ins 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)
Time	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.)	None Non	
	No time limit for this item.		
	nom.		Click TAB in last row to add extra rows
Time	e frame: past 36 months		Click TAD III IdSLIOW to dud extra fows
11111	e frame. past 30 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	None Non	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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