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Date: 19. december 2024

Your name: Signe Fiil Bønløkke

Manuscript title: The Danish version of the Dizziness Handicap Inventory – Translation and validation

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.

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		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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Time frame: past 36 months

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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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**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
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Date: 19. december 2024

Your name: Helle Elisabeth Agger-Nielsen

Manuscript title: The Danish version of the Dizziness Handicap Inventory – Translation and validation

Manuscript number (if known):

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Date: 19. december 2024

Your name: Hanne Højris Owen

Manuscript title: The Danish version of the Dizziness Handicap Inventory – Translation and validation

Manuscript number (if known):

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Date: 19. december 2024

Your name: Therese Ovesen

Manuscript title: The Danish version of the Dizziness Handicap Inventory – Translation and validation

Manuscript number (if known):

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6	Payment for expert testimony	☒ **None**	

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