

ICMJE DISCLOSURE FORM

Date: 4/23/2024

Your Name: Turid Rognsvåg

Manuscript Title: Digital Health Literacy in Patients Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study og 383 patients.

Manuscript Number (if known): [Click or tap here to enter text.]

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 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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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	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 4/30/2024

Your Name: Ingrid Kismul Nordmo

Manuscript Title: [Click or tap here to enter text.]

Manuscript Number (if known): [Click or tap here to enter text.]

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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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Ingvild Buset Bergvad

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients.

Manuscript Number (if known): [Click or tap here to enter text.]

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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Date: 4/25/2024

Your Name: Anne Marie Fensted

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/25/2024

Your Name: Ove Furnes

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Anners Lerdal

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Maren Falch Lindberg

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Søren T. Skou

Manuscript Title: Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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3	Royalties or licenses	<input type="checkbox"/> None	
		Munksgaard	Royalties paid to me for book chapters
		TrustMe-Ed	Royalties paid to me for online lecture
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Nestlé Health Science	Honorarium for presentation at webinar on osteoarthritis.
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,	<input checked="" type="checkbox"/> None	

		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)
	society, committee or advocacy group, paid or unpaid		
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 type="checkbox"/> None	
		Co-founder of GLA:D	GLA:D® is a not-for profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 4/25/2024

Your Name: Mona Badawy

Manuscript Title: [[Digital Health Literacy in Patient Undergoing Hip and Knee Arthroplasty Surgery – Normative data from a cross-sectional study of 383 patients..]]

Manuscript Number (if known): [Click or tap here to enter text.]

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