

ICMJE DISCLOSURE FORM

Date: 3/20/2025

Your Name: Alma Becic Pedersen

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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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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: 3/20/2025

Your Name: Nina M Edwards

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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

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Date: 3/20/2025

Your Name: Maaïke Gademan

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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

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ICMJE DISCLOSURE FORM

Date: 3/20/2025

Your Name: Inger Mechlenburg

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Danish Hip Arthroplasty Registry	Member of Steering Committee
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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Date: 3/20/2025

Your Name: Heidi AR Jensen

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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Date: 3/20/2025

Your Name: Henrik Toft Sørensen

Manuscript Title: Preoperative self-rated health predicts opioid use after total hip arthroplasty in patients with osteoarthritis

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

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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	

		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)
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.