

ICMJE DISCLOSURE FORM

Date: 11/20/2025

Your Name: Nina Jullum Kise

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

Manuscript Number (if known): AO-2025-286/R3

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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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 281 1516 380"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1089 1516 1188"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1308 1516 1407"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1526 1516 1625"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1745 1516 1843"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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:

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Date: 20.11.25

Your Name: Siri Eliassen

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="383 743 1516 842"> <tr><td>Heraeus Medical</td><td>Lecture fees</td></tr> <tr><td>Ortomedic</td><td>Lecture fees</td></tr> <tr><td> </td><td> </td></tr> </table>	Heraeus Medical	Lecture fees	Ortomedic	Lecture fees		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1738 1516 1837"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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Your Name: Caryl L. Gay

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		<input type="text" value="Research Council of Norway, Grant # 287816"/>	
		<input type="text"/>	
		<input type="text"/>	

		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)						
3	Royalties or licenses	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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7	Support for attending meetings and/or travel	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
8	Patents planned, issued or pending	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<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%; height: 15px;"></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: 11/20/2025

Your Name: Turid Rognsvåg

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

Manuscript Number (if known): AO-2025-286/R3

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
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		<input type="text"/>	<input type="text"/>
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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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 281 1516 380"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1087 1516 1186"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1306 1516 1404"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1522 1516 1621"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1740 1516 1839"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1919 1516 1955"> <tr><td></td><td></td></tr> </table>						

		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 checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/20/2025

Your Name: Maren Falch Lindberg

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

Manuscript Number (if known): AO-2025-286/R3

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		<table border="1" style="width: 100%;"><tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr><tr><td style="height: 20px;"></td><td></td></tr><tr><td style="height: 20px;"></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None							
		<table border="1" style="width: 100%;"><tr><td style="width: 50%;">Maren Falch Lindberg is funded by the South-Eastern Norway Regional Health Authority (#2022007)</td><td>Payments made to institution (Lovisenberg Diakonale Hospital)</td></tr><tr><td>The MultiKnee trial is supported by the Research Council of Norway (#287816)</td><td>Payments made to institution (Lovisenberg Diakonale Hospital)</td></tr><tr><td style="height: 20px;"></td><td></td></tr></table>	Maren Falch Lindberg is funded by the South-Eastern Norway Regional Health Authority (#2022007)	Payments made to institution (Lovisenberg Diakonale Hospital)	The MultiKnee trial is supported by the Research Council of Norway (#287816)	Payments made to institution (Lovisenberg Diakonale Hospital)			
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4	Consulting fees	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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7	Support for attending meetings and/or travel	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
8	Patents planned, issued or pending	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 11/20/2025

Your Name: Arild Aamodt

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

Manuscript Number (if known): AO-2025-286/R3

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		Norwegian Research Council	Grant to institution (Lovisenberg Diaconal Hospital, grant no. 287816)
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		See above	

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ICMJE DISCLOSURE FORM

Date: 11/20/2025

Your Name: Tor Kjetil Nerhus

Manuscript Title: FEAR AVOIDANCE AND CATASTROPHIZING ARE ASSOCIATED WITH BOTH KNEE AWARENESS AND QUALITY OF LIFE IN KNEE OSTEOARTHRITIS PATIENTS - A CROSS-SECTIONAL STUDY

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Time frame: past 36 months			
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