ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Belga
2. Surname (Last Name)  Sara
3. Effective Date (07-August-2008)  17-March-2016

4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Finlay McAlister

5. Manuscript Title  COMPARING 3 DIFFERENT MEASURES OF FRAILTY IN MEDICAL INPATIENTS: MULTICENTER PROSPECTIVE COHORT STUDY EXAMINING 30-DAY RISK OF READMISSION OR DEATH

6. Manuscript Identifying Number (if you know it)  JHM-16-0035

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  
   Sumit

2. Surname (Last Name)  
   Majumdar

3. Effective Date (07-August-2008)  
   17-March-2016

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   McAllister

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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   Kahlon

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   Sharry

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   18-March-2016

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   [□ Yes] [☑ No]  
   Corresponding Author’s Name  
   Finlay McAllister

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Section 1. Identifying Information

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2. Surname (Last Name)  Pederson
3. Effective Date (07-August-2008)  17-March-2016

4. Are you the corresponding author?  Yes
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Finlay McAlister

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1. Given Name (First Name)  Lau
2. Surname (Last Name)  Darren
3. Effective Date (07-August-2008)  18-March-2016
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Finlay McAlister
5. Manuscript Title
   COMPARING 3 DIFFERENT MEASURES OF FRAILTY IN MEDICAL INPATIENTS: MULTICENTER PROSPECTIVE COHORT STUDY
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   Padwal

2. Surname (Last Name)  
   Raj

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4. Are you the corresponding author?  
   No

Corresponding Author's Name  
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Forhan

2. Surname (Last Name)  
Mary

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Finlay McAlister

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   Corresponding Author's Name  Finlay McAlister

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<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
</tr>
</tbody>
</table>

Finlay
ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Other</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Board membership</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Consultancy</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employment</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Expert testimony</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Relevant financial activities outside the submitted work

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>9. Royalties</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [✓] No other relationships/conditions/circumstances that present a potential conflict of interest
- [☐] Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.