Date:	6/8/2023
Your Name:	Professor David J Beard
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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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.

		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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Non	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None □ DJB holds an NIHR Senior Investigator grant (Apr 2022-2026)	

		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	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\square	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	6/5/2023
Your Name:	Felix Fischer
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	8/26/2021
Your Name:	Conrad Harrison
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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		Time frame: Since the initial planning o	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision		Payment made to my university department to fund this work
	of study materials, medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 months	
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	As above	
	#1 above).		

		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	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	7/6/2023
Your Name:	Gregor Liegl
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
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	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

Date:	6/6/2023
Your Name:	Constantin Yves Plessen
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		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	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
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Date:	6/5/2023
Your Name:	Jeremy Rodrigues
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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1	All support for the present manuscript (e.g.,	None	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
4	Consulting fees	□ None Oxford University Innovations	 consultancy fees for computerized adaptive test manuscript writing. Not related to this paper
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None ■	
Please place an "X" next to the following statement to indicate your agreement:			
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Date:	6/5/2023
Your Name:	Shiraz Alam Sabah
Manuscript Title:	Overcoming floor and ceiling effects in knee arthroplasty outcome measurement: mapping the Oxford Knee Score and High Activity Arthroplasty Score onto a common scale
Manuscript Number (if known):	BJR-2022-0457.R1

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	Time frame: Since the initial planning of the work				
1	All support for the present	□ None			
	manuscript (e.g.,	National Institute for Health Research	Payment to institution		
	funding, provision	Rosetrees Trust	Payment to institution		
	of study materials,		Click the tab key to add additional rows.		
	medical writing,				
	article processing charges, etc.)				
	No time limit for				
	this item.				
	Time frame: past 36 months				
2	Grants or	None			
	contracts from				
	any entity (if not				
	indicated in item				
	#1 above).				

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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4	Consulting fees	None ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	□ None Bone and Joint Journal Editorial Board Member	

		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	None Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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