ICMJE DISCLOSURE FORM

Date: 8/22/2022

Your Name: Barbara Moroni

Manuscript Title: A real-world evidence study evaluating consumers' experience of "Supradyn Recharge" or "Supradyn Magnesium & Potassium" during demanding periods

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning 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**	
		The study, medical writing and editorial assistance were fully funded by Bayer Consumer Care AG, Basel, Switzerland	I am an employee of Bayer S.p.A
			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**	
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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, society, committee or advocacy group, paid or unpaid	☒ **None**	

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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**	

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Date: 1/4/2023

Your Name: Veronika Óvári

Manuscript Title: A real-world evidence study evaluating consumers' experience of "Supradyn Recharge" or "Supradyn Magnesium & Potassium" during demanding periods

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ICMJE DISCLOSURE FORM

Date: 12/21/2021

Your Name: Cristina Nicastro

Manuscript Title: **A real-world evidence study evaluating consumers' experience of 'Supradyn Recharge' or 'Supradyn Magnesium & Potassium' during demanding periods**

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

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ICMJE DISCLOSURE FORM

Date: 12/22/2022

Your Name: Raffaella de Salvo

Manuscript Title: A real-world evidence study evaluating consumers' experience of "Supradyn Recharge" or "Supradyn Magnesium & Potassium" during demanding periods

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ICMJE DISCLOSURE FORM

Date: 8/22/2022

Your Name: Andreas Ehret

Manuscript Title: A real-world evidence study evaluating consumers' experience of "Supradyn Recharge" or "Supradyn Magnesium & Potassium" during demanding periods

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