

ICMJE DISCLOSURE FORM

Date: 3/3/2023

Your Name: Melissa Marquez

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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.

	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 of the work								
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Time frame: past 36 months								
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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: 03.03.2023

Your Name: Patricia O'Loughlin

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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13	Other financial or non-financial interests	X None	

Please place an "X" next to the following statement to indicate your agreement:

X 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: 3/6/2023

Your Name: Pavithra Pavithra

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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ICMJE DISCLOSURE FORM

Date: 3/3/2023

Your Name: Francesca Farina

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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Date: 3/3/2023

Your Name: Hosanna An

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

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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: 9th March 2023

Your Name: John Regan

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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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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: 3/14/2023

Your Name: James W Griffith

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Bert Lenaert

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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ICMJE DISCLOSURE FORM

Date: 3/7/2023

Your Name: Marc Bennett

Manuscript Title: VALIDATION OF THE FEAR AND AVOIDANCE OF MEMORY LOSS SCALE IN COMMUNITY-BASED OLDER ADULTS

Manuscript Number (if known): DADM-D-22-00235R1

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Date: 3/15/2023

Your Name: Michelle Taddeo

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