

CMJE DISCLOSURE FORM

Date: 2/2/2023

Your Name: [Arenda Mank]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer's Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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 anti-hypertensive medication, even if that medication is not mentioned in the manuscript.

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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)						
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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: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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:

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: 2/2/2023

Your Name: [Dr. I.S. van Maurik]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer's Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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4	Consulting fees	<input type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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CMJE DISCLOSURE FORM

Date: 2/2/2023

Your Name: [Judith Rijnhart]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer's Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: [Hanneke FM Rhodius-Meester]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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		I am recipient of the Alzheimer Nederland InterACT grant (projectnumber WE.08-2022-06	All funding is paid to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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	Monitoring Board or Advisory Board	<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/3/2023

Your Name: [Leonie N.C. Visser]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

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Funding awarded for BIRD-NL, a Dutch consortium project, receiving funding from ZonMW (#10510032120005)	Funding paid to institution																	

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		Fellowship grant awarded by Amsterdam Public Health research institute (2022052) for the project 'Digitalization in Alzheimer's disease: towards inclusive and sustainable digital tools'	Funding paid to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Leonie N.C. Visser has been an invited speaker by the Schwabe Group.	Fees were paid to her institution.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		<input type="checkbox"/> Co-chair of rEACH, the research committee of EACH, the international association for communication in healthcare	Election position, 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	

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: 2/3/2023

Your Name: [A.W. Lemstra]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 30%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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%; margin-top: 5px;"> <tr> <td style="width: 60%;">TAP-Dementia, a ZonMW funded project (#10510032120003)</td> <td>Payment to institution</td> </tr> <tr> <td>Combinostics</td> <td>Payment to institution</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	TAP-Dementia, a ZonMW funded project (#10510032120003)	Payment to institution	Combinostics	Payment to institution		
TAP-Dementia, a ZonMW funded project (#10510032120003)	Payment to institution							
Combinostics	Payment to institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		<input type="checkbox"/> President Workgroup Cognitive Neurology, Dutch Society for Neurology	unpaid
		<input type="checkbox"/> Member steering committee European DLB Consortium	unpaid

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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> </td></tr> </table>							

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: 3/2/2023

Your Name: [Sietske A.M. Sikkes]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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								
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Alzheimer Nederland, WE.32-2022-01 (SPREAD+)</td> <td>Payment to the institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Alzheimer Nederland, WE.32-2022-01 (SPREAD+)	Payment to the institution	Click the tab key to add additional rows.			
Alzheimer Nederland, WE.32-2022-01 (SPREAD+)	Payment to the institution							
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).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Health~Holland, Topsector Life Sciences & Health (PPP-allowance), LSHM20084, LSHM22026-SGF</td> <td>Payment to the institution</td> </tr> <tr> <td>Health~Holland, Topsector Life Sciences & Health, LSHM19051</td> <td>Payment to the institution</td> </tr> <tr> <td>ZonMW, #7330502051 and #73305095008</td> <td>Payment to the institution</td> </tr> </table>	Health~Holland, Topsector Life Sciences & Health (PPP-allowance), LSHM20084, LSHM22026-SGF	Payment to the institution	Health~Holland, Topsector Life Sciences & Health, LSHM19051	Payment to the institution	ZonMW, #7330502051 and #73305095008	Payment to the institution
Health~Holland, Topsector Life Sciences & Health (PPP-allowance), LSHM20084, LSHM22026-SGF	Payment to the institution							
Health~Holland, Topsector Life Sciences & Health, LSHM19051	Payment to the institution							
ZonMW, #7330502051 and #73305095008	Payment to the institution							

		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	
		License fees for use of the Amsterdam IADL Questionnaire from Green Valley, Vivoryon, Roche	Payment to the institution
4	Consulting fees	<input type="checkbox"/> None	
		Biogen	Payment to the institution
		Aribio	Payment to the institution
		Biogen	Payment to the institution
		Boehringer	Payment to the institution
		Toyama	Payment to the institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Scientific advisory board meeting, Prothena Biosciences	Payment to the institution
		Participation in Scientific Advisory Board Cogstate	Payment to the institution

		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	<input type="checkbox"/> None	
		Alzheimer's Association, program committee member	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	

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: 1/11/2023

Your Name: [Charlotte E. Teunissen]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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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	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						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>			Click the tab key to add additional rows.	
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).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;"> [Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> All payments made to the institution </td> </tr> </table>	[Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is	All payments made to the institution		
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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)						
	<p>recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences & Health (PPP-allowance; #LSHM20106).</p> <p>CET has a collaboration contract with ADx Neurosciences, Quanterix and Eli Lilly, performed contract research or received grants from AC-Immune, Axon Neurosciences, BioConnect, Bioorchestra, Brainstorm Therapeutics, Celgene, EIP Pharma, Eisai, Fujirebio, Grifols, Instant Nano Biosensors, Merck, Novo Nordisk, PeopleBio, Roche, Siemens, Toyama, Vivoryon.</p>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 869 1511 972"> <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="380 1113 1511 1249"> <tr><td> </td><td>All payments are made to her institution</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		All payments are made to her institution				
	All payments are made to her institution							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="380 1333 1511 1436"> <tr><td>Roche, Novo Nordisk, Grifols</td><td>All payments are made to her institution</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Roche, Novo Nordisk, Grifols	All payments are made to her institution				
Roche, Novo Nordisk, Grifols	All payments are made to her institution							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 1680 1511 1782"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <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)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		<input type="checkbox"/> CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation.	
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: 2/6/2023

Your Name: [Elsmarieke van de Giessen]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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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)								
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>								
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%; margin-top: 5px;"> <tr> <td style="width: 50%;">NWO/ZonMw</td> <td style="width: 50%;">Veni (paid to institution)</td> </tr> <tr> <td>Hersenstichting</td> <td>Grant Dutch Focused Ultrasound Consortium (paid to institution)</td> </tr> <tr> <td>Heuron Inc.</td> <td>Contract research</td> </tr> <tr> <td>Roche</td> <td>Contract research</td> </tr> </table>	NWO/ZonMw	Veni (paid to institution)	Hersenstichting	Grant Dutch Focused Ultrasound Consortium (paid to institution)	Heuron Inc.	Contract research	Roche	Contract research
NWO/ZonMw	Veni (paid to institution)									
Hersenstichting	Grant Dutch Focused Ultrasound Consortium (paid to institution)									
Heuron Inc.	Contract research									
Roche	Contract research									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <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)
4	Consulting fees	<input type="checkbox"/> None	
		1 st Biotherapeutics	Consultancy (paid to institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Xico	Honoraria for PET scan reads (paid to institution)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)
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.

Date: 2/2/2023

Your Name: [Hans Berkhof]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer's Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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		<input type="text"/>	
		<input type="text"/>	
		<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 checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<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)						
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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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)
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: 3-2-2023

Your Name: [Wiesje M. van der Flier]

Manuscript Title: [Determinants of informal care time, distress, depression and quality of life in care partners along the trajectory of Alzheimer’s Disease]

Manuscript Number (if known): DADM-D-22-00234R1

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 anti-hypertensive 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			
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.	<input type="checkbox"/> None	
		<input type="checkbox"/> ZonMW	ADDITION #733051083
		<input type="checkbox"/> PPP Allowance made available by health-Holland, Top Sector Life Sciences & Health	ABIDE-cu # LSHM18075
		<input type="checkbox"/> WF is recipient of ABOARD, which is a public-private partnership receiving funding from and Health~Holland, Topsector Life Sciences & Health.	ZonMW (#73305095007) <small>Click the tab key to add (PPP-allowance; #LSHM20106) 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	
		<input type="checkbox"/> Research programs of Wiesje van der Flier have been funded by ZonMW, NWO, EU-FP7, EU-JPND, Alzheimer Nederland, Hersenstichting CardioVascular Onderzoek Nederland, Health~Holland, Topsector Life Sciences & Health, stichting Dioraphte, Gieskes-Strijbis fonds, stichting Equilibrio, Edwin Bouw fonds, Pasman stichting, stichting Alzheimer & Neuropsychiatrie Foundation, Philips, Biogen MA Inc, Novartis-	All funding is paid to her institution.

		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)
		NL, Life-MI, AVID, Roche BV, Fujifilm, Eisai, Combinostics. WF holds the Pasmán chair.	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		WF is consultant to Oxford Health Policy Forum CIC, Roche, and Biogen MA Inc.	All funding is paid to her institution.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		WF has been an invited speaker at Boehringer Ingelheim, Biogen MA Inc, Danone, Eisai, WebMD Neurology (Medscape), NovoNordisk, Springer Healthcare, NovoNordisk, European Brain Council.	All funding is paid to her institution.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> 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)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> WF participated in advisory boards of Biogen MA Inc, Roche, and Eli Lilly.	All funding is paid to her institution.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		<input checked="" type="checkbox"/> WF is member of the steering committee of PAVE, and Think Brain Health.	
		<input checked="" type="checkbox"/> WF was associate editor of Alzheimer, Research & Therapy in 2020/2021.	
		<input checked="" type="checkbox"/> WF is associate editor at Brain.	
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.