Date:	7/5/2023
Your Name:	Natalia Gomes Gonçalves
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
Manuscript Number (if	DADM-D-23-00087

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.

		hav	ne all entities with whom you re this relationship or indicate ne (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plant	ning of the work
1	All support for the present		None	
	manuscript (e.g., funding, provision of	Alz	heimer's Association	23AARFD-1029257; funding for me through my institution
	study			Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 mg	onths
2	Grants or contracts	X	None	
	from any			
	entity (if not indicated in			
	item #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)
Ж	Royalties or licenses	x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	FAAMA (lecture in educational events)	Payment made to me
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	□ None Alzheimer's Association travel fellowship (2022 and 2023)	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
1 0	Leadership or fiduciary role in other board,	x 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)
	society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	x None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
1 3	Other financial or non-financial interests	x 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:	6/26/2023
Your Name:	Jaqueline Contrera Avila
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
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.

		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 plan	nning of the work
1	All support for the present	None ■	
	manuscript		
	(e.g., funding, provision of		Click the tab key to add additional rows.
	study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 n	nonths
2	Grants or contracts	□ None	
	from any entity (if not	Brown University Seed Award (01/2021-12/2022)	
	indicated in	UMass Boston- Harvard Cancer Center U54 Seed Award (01/2023-08/2023)	
	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	
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	Gateway to global aging HCAP Workshop (May 2023)	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
1 0	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	None ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
3	Other financial or non-financial interests	None ■	
Ple	I certify that I h	X" next to the following statement have answered every question and have	•

Date:	6/28/2023
Your Name:	Laiss Bertola
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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.

		hav	ne all entities with whom you e this relationship or indicate e (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plant	ning of the work
1	All support for the present	×	None	
	manuscript			
	(e.g., funding, provision of			Click the tab key to add additional rows.
	study			Chek the tab key to add additional rows.
	materials, medical writing, article processing			
	charges, etc.) No time limit for this item.			
			Time frame: past 36 mg	onths
2	Grants or	X	None	
_	contracts		None	
	from any			
	entity (if not			
	indicated in item #1			
	above).			

		have thi	l entities with whom you s relationship or indicate ld rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	⊠ Nor	le .	
4	Consulting fees	⊠ No	ne	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ Nor	le	
6	Payment for expert testimony	⊠ Nor	ne e	
7	Support for attending meetings and/or travel	⊠ Nor	ie	
8	Patents planned, issued or pending	⊠ Nor	ie	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ Nor	ne e	
1 0	Leadership or fiduciary role in other board, society,	⊠ Nor	ie	

		hav	ne all entities with whom you e this relationship or indicate e (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid			
1	Stock or stock options		None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
1 3	Other financial or non-financial interests	X	None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

12/13/2021

3

Date:		_	7/28/2023		
Your Name:		_	Alejandra Michaels-Obregón		
Manuscript Title:		_	Education and cognitive function among older adults in Brazil and Mexico		
Ma	nuscript Number (if kı	nown):	Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma					
epi		nsion, you	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the		•	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	
			Time traine. Since the initial plaining	of the work	
1	All support for the present	□ No		of the work	
1	present manuscript (e.g., funding, provision			Research Grant Number R01AG018016	
1	present manuscript (e.g.,	Nationa	one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Nationa	one	Research Grant Number R01AG018016	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa	one	Research Grant Number R01AG018016	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Nationa	I Institute on Aging/National Institutes of	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa Health	I Institute on Aging/National Institutes of Time frame: past 36 month	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Nationa Health	I Institute on Aging/National Institutes of	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Nationa Health	I Institute on Aging/National Institutes of Time frame: past 36 month	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Nationa Health	I Institute on Aging/National Institutes of Time frame: past 36 month	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Nationa Health	I Institute on Aging/National Institutes of Time frame: past 36 month	Research Grant Number R01AG018016 Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Nationa Health	I Institute on Aging/National Institutes of Time frame: past 36 month	Research Grant Number R01AG018016 Click the tab key to add additional rows.	

		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	□ None University of Southern California	Harmonized MHAS as part of the Gateway to Aging Project
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/27/2023
Your Name:	Cleusa Pinheiro Ferri
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
Manuscript Number (if known):	Click or tap here to enter text.

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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 pla	anning 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	Click the tab key to add additional rows.
	Tor this itemi		
		Time frame: past 36	months
2	Grants or contracts from any entity (if not	□ None National Dementia Report (commissioned)	Institutional
	indicated in item #1 above).	CNPq productivity fellowship CST-International MRC-UK	Personal Institutional

		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 Non	
4	Consulting fees	□ None Pan American Health Organization	Personal
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None University College London – MRC-UK (GACD meeting)	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
1 0	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	None ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
3	Other financial or non-financial interests	None ■	
Ple	I certify that I h	X" next to the following statement have answered every question and have	•

Date:	6/27/2023
Your Name:	Rebeca Wong
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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.

		hav	ne all entities with whom you re this relationship or indicate ne (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plan	ning of the work
1	All support for the present		None	
	manuscript (e.g., funding,		tional Institute on Aging/National stitutes of Health	Research grant number R01AG018016
	provision of			
	study			Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 m	onths
2	Grants or contracts		None	
	from any			
	entity (if not			
	indicated in			
	item #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 Non	
4	Consulting fees	□ None University of Texas at Austin University of Pennsylvania	Advisory Board member for Aging Center, CAPS Advisory Board member for Aging Center, PARC
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 ■	
1 0	Leadership or fiduciary role in other	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)
	board, society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	None ■	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
1 3	Other financial or non-financial interests	None ■	
Ple	-	X" next to the following statement to have answered every question and have notes form	

12/13/2021

3

Date:	6/27/2023
Your Name:	Claudia Kimie Suemoto
Manuscript Title:	Education and cognitive function among older adults in Brazil and Mexico
Manuscript Number (if known):	Click or tap here to enter text.

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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 plant	ning of the work				
1	All support for the present	□ None					
	manuscript	AARF-D to Natalia Gonçalves	Institution				
	(e.g., funding,						
	provision of		Click the tab key to add additional rows.				
	study						
	materials,						
	medical						
	writing, article						
	processing						
	charges, etc.)						
	No time limit						
	for this item.						
	Time frame: past 36 months						
2 Grants or □ None		□ None					
	contracts						
	from any	Alzheimer's Association Research Grant	Institution				
	entity (if not	FAPESP	Institution				
	indicated in	LATAM FINGERS executive committee	Me				
	item #1	CNPq productivity fellowship	Me				
	above).	7					

		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 Non	
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 Alzheimer's Association	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
0	Leadership or fiduciary role in other board, society,	□ None Sociedade Brasileira de Geriatria e Gerontologia, seção São Paulo	Unpaid

		hav	ne all entities with whom you e this relationship or indicate e (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	committee or advocacy group, paid or unpaid				
1	Stock or stock options	X	None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None		
1 3	Other financial or non-financial interests	X	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.

12/13/2021

3