Date:	8/26/2023
Your Name:	Mark Espeland
Manuscript Title:	Rationale. Design, and Cohort Characteristics of the Action for Health in Diabetes Agin Study
Manuscript Number (if known)	: TRCI-D-23-00059

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.

	Γ	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	g 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         UOIAG073697         AG074562-01         Time frame: past 36 mont	Primary source of research funding to Institution AncilFary study funding to institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	C None Alzheimer's Association Grant	To Institution
3	Royalties or licenses	None	

1				
		Name all entities with whom you have this relationship or indicate none (add rows as needed)		pecifications/Comments (e.g., if payments wer ade to you or to your institution)
4	Consulting fees	o None	1	
		Nestle	Per	rsonal support: Steering Committee
5	Payment or	None	<u> </u>	
	honoraria for lectures,	IMPACT-AD Workshop (NIA funded)		Honoraria for educational event
	presentations,			
	speakers bureaus,			
	manuscript			
	writing or educational			
	events			
6	Payment for expert	None		
	testimony			
7	Support for	None		
	attending meetings			
	and/or travel			
8	Patents	None		
	planned, issued or		+	
	pending			
9		None		
9	Participation on a Data	I serve on 6 NIH DSMB/OSMBs		
	safety Monitoring		-+	
	Board or			
	Advisory Board			

10	Leadership or	None		
	fiduciary role			
	in other			
	board,			
	society,			· · · · · · · · · · · · · · · · · · ·
	committee or			
	advocacy			
	group, paid or			
	unpaid			
2	1	1	12/13/2021	iCMjE Disclosure Form

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

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

Date:	8/26/2023
Your Name:	Kathleen M Hayden
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study
Manuscript Number (if known):	TRCI-D-23-00059

In the interest of transparency, we ask you to disclose atl 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 epidemiotogy 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	of the work
1	All support for the present	D None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processng	NIH Grants	Awarded to Institution
		UOIAG073697	Primary source of research funding to institution
		AG074562-OI	Ancillary study funding to institution
	charges, etc.) No		
	time limit for this		
	item.		
		Time frame: past 36 month	15
2	Grants or contracts from	None	
	any entity (if not	NfH Grants	Awarded to Institution
	indicated in item		
	#1 above).		

3 Royalties or None licenses	12.0

		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	
		Fred Hutchinson Cancer Research Center	Payment to Dr. Hayden
5	Payment or	None	
5	honoraria for		
	lectures,	CONTRACTOR AND	E ERE DA ANTA CAR VI REAL ERE (
	presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for	None	
	expert testimony		
		L	
7	Support for	None	
	attending	NIH CSR	2022 Payment to Dr. Hayden
	meetings and/or travel	Hebrew Senior Life	2022 Payment to Dr. Hayden
8	Patents	None	
8	planned, issued	None	
8		None	
8	planned, issued	None	

	Safety Monitoring Board or Advisory Board	UNC Chapel Hill	Payment to Dr. Hayden
10	Leadership or	'O None	
	fiduciary role in other board, society, committee or	Alzheimer's & Dementia: Translational Research and Clinical Interventions •	Unpaid
		Alzheimer's & Dementia : Diagnosis, Assessment & Disease Monitorin	Unpaid
	advocacy group, paid or		
2	unpaid	12/13/2021	ICMJE Disclosure Form

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		ext to the following statement to indicate your ag e answered every question and have not altered the v	

Date:	8/28/2023
Your Name:	Lynne Wagenknecht
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study
Manuscript Number (if known)	: TRCI-D-23-00059

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.

		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.	None         UOIAG073697         AG074562-O I         Time frame: past 36 month	Primary source of research funding to institution Ancillary study funding to institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name atl 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
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	None		
	fiduciary role in			
	other board,			
	society,			
	committee or			
	advocacy			
	advocacy group* paid or			
	unpaid			
2	•	•	12/13/2021	ICMJE Disclosure Form

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	ext to the following statement to indicate your agre e answered every question and have not altered the wor	

Date:	8/26/2023	
Your Name:	Haiying Chen	
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study	
Manuscript Number (if known): TRCI-D-23-00059		

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.

		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 plann	ing 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.	UOIAG073697	Primary source of research funding to institution
		Time frame: past 36 mo	onths
2	Grants or contracts from any entity (if not indicated in item #1 aboveb	None	

3	Royalties or licenses	None
	licenses	

		Name atl entities with whom you have this Specifications/Comments (e.g., if payments relationship or indicate none (add rows as needed)
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 None Participation		None
	on a Data Safety	
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	None
	committee or advocacy group, paid or unpaid	
	unpaiu	12/13/2021 ICM}E Disclosure Form
		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	None
	options	
12	Receipt of equipment, materials, drugs, medical writing,	None
	gifts or other services	
13	Other financial	None
	or non-financial interests	
		·
Plea	ise place an "X" ne	ext to the following statement to indicate your agreement:
		e answered every question and have not altered the wording of any of the questions on this form.
3		answered every question and have not altered the wording of any of the questions on this form.

Date:	8/28/2023
Your Name:	Michael Walkup
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study
Manuscript Number (if	known): TRCI-D-23-00059

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.

		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 plannin	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None tJOIAG073697 AG074562-OI	Primary source of research funding to institution Ancillary study funding to institution
	charges, etc.) No time limit for this item.	Time frame: past 36 mont	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name atl 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	
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	None	
	other board,		
	society,		
	committee or		
	advocacy		
	group, paid or		
	unpaid		
2		12/13/2021	ICMJE Disclosure Form

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	ase place an "X" ne	ext to the following statement to indicate your a	greement:

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

Date:	8/28/2023	
Your Name:	Mia Yang	
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study	
Manuscript Number (if known): TRCI-D-23-00059		

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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 atl 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) Time frame: Since the initial planni	Specifications/Comments (e.g., if payments were made to you or to your institution) ng 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           IUOIAG073697           AG074562-01	Primary source of research funding to institution Ancillary study funding to institution
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3 Royalties or None			
	licenses		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments
	1	relationship or indicate none (add rows as needed)	were made to you or to your institution)
4	Consulting fees	None	
5	Payment or	None	
	, honoraria for		
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or educational		
	events		
6	Payment for	None	
Ŭ	expert testimony		
7	Support for	None	
<i>'</i>	attending	Älzheimer's Association	Travel cost to attend research round table
	meetings and/or		
	travel		
8	Patents planned,	None	
0	issued or		
	pending		
		L	
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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	ECMJE Disclosure Form
		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
	-	ext to the following statement to indicate your agrees swered every question and have not altered the wording	

Date:	8/26/2023	
Your Name:	Judy L. Bahnson	
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study	
Manuscript Number (if known): TRCI-D-23-00059		

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		relationship or indicate none ladd rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	f 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	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or	None	
	licenses		
		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	
5	Payment or	None	
	honoraria for		
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or educational		
	events		
6 Payment for None			
	expert testimony		
		L <u></u>	
7	Support for	None	
	attending meetings and/or		
	travel		
		5	
8	Patents planned,	None	
	issued or pending		

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	
2		12/13/2021	ICMJE Disclosure Form
		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	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: E I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/26/2023
Your Name:	Denise Houston
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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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
		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	None       UOI AG073697	Funding to institution
	item.	Time frame: past 36 month	15
2	Grants or contracts from any entity (if not indicated in item #1 above).	None           UOI DK057136	Funding to institution

3	Royalties or licenses	None	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments
		relationship or indicate none (add rows as	were made to you or to your institution)
		needed)	
4	Consulting fees	None	
-		None	
5	Payment or	None	
	honoraria for		
	lectures,		
	presentations, speakers bureaus, manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	None	····
		L	
7	Support for	E None	
	attending		
	meetings and/or		
	travel		
8	Patents	None	
	planned, issued or pending		
	or penaing		
		· · · · · · · · · · · · · · · · · · ·	1

9		None	
	Participation		
	on a Data Safety		
	Monitoring Board or		
	Advisory Board		
10	Leadership or	None	
	fiduciary role in		
	other board,		
	society,		
	committee or		
	advocacy		
	group, paid or unpaid		
2	unpulu	12/13/2021	ICMJE Disclosure Form

#### 12/13/2021

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

Date:	8/28/2023
Your Name:	Rebecca Neiberg
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study
Manuscript Number (if known)	: TRCI-D-23-00059

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Lomments leg it navments
		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           UOIAG073697           AG074562-OI	Primary source of research funding to institution Ancillary study funding to institution
		Time frame: past 36 month	15
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectu res, 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, society, committee or advocacy group, paid or unpaid	None		
2			12/13/2021	ICMJE Disclosure Form

		Name ail 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	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:

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

Date:	8/29/2023	
Your Name:	Peter Huckfeldt	
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study	
Manuscript Number (if known): TRCI-D-23-00059		

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planni	Specifications/Comments (e.g., if payments were made to you or to your institution) ng 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 NtH-NIA grant U01AG073697 NIH-NIA grant NIDDK ROIDK107552 Time frame: past 36 mor	Source of research funding to institution. Source of research funding to institution.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or	None	
	licenses		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments
		relationship or indicate none (add rows as	were made to you or to your institution)
	[	needed)	
4	Consulting fees	None	
_	<u> </u>	•	
5	Payment or honoraria for	None	
	lectures,		
	presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	None	
7	Support for	None	
	attending		
	meetings		
	and/or travel		
8	Patents	None	
	planned, issued		
	or pending		
		L	

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

#### 12/13/2021

ICMJE Disclosure Form

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

Date:	8/29/2023		
Your Name:	Tar D. Beckner		
Manuscript Title:	Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study		
Manuscript Number (if known): TRCI-D-23-00059			

		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 planni	ing 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	Set C II. Inthe Sector
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4	Consulting fees	None	
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	expert testimony		
7	Support for	None	
	attending		
	meetings and/or travel		
		Lasa	
8	Patents	None	
	planned* issued or pending		
		L	
9	Participation on a Data Safety Monitoring	None	

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11	Stock or stock options	None	
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