9/14/2023

Marco Schlosser

Date:

2

Grants or

contracts from any entity (if not indicated in item #1 above).  $\boxtimes$ 

None

Your Name:

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)  Time frame: Since the initial planning of the work  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.	Ma	anuscript Title:		elf-compassion, and physical activity cognitive decline: a secondary analysis
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)	Ma	anuscript Number (if k	nown): DADM-D-23-00048	
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)    Time frame: Since the initial planning of the work    All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)   No time limit for	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are recontent of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interested by the content of the manuscript. Disclosure represents a commitment to transparency and does not not indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you of			not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.
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)	ер	idemiology of hyperte	nsion, you should declare all relationships with manu	
relationship or indicate none (add rows as needed) 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 Made to you or to your institution)  Click the tab key to add additional rows.	· · · · · · · · · · · · · · · · · · ·		without time limit. For all other items, the time	
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for				
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Time frame: Since the initial planning	g of the work
Time frame: past 36 months	1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		

		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 None	
4	Consulting fees	None 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	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,	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		
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/13/2021
Your Name:	Thorsten Barnhofer
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial
Manuscript Number (if known):	DADM-D-23-00048

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.	The Medit-Ageing project was funded through the European Union as part of the Horizon 2020 program related to the call PHC22 "Promoting mental well-being in the ageing population" under grant agreement N°667696	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	TB is the co-author of a book on mindfulness-based cognitive therapy published by Guilford Press	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	TB has received honoraria for workshops on mindfulness-based interventions	
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,	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		
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:	9/15/2023
Your Name:	Antoine Lutz
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial
Manuscript Number (if known):	DADM-D-23-00048

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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.

			T.
		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.	Dr. Antoine Lutz received research support from the European Union's Horizon 2020 research and innovation programme under grant 667696. Dr Lutz has received support from their institution Institut National de la Sant. et de la Recherche M.dicale (Inserm). Dr. Lutz has received research support from Fondation d'Entreprise MMA des Entrepreneurs du Futur and MMA (payments made to the institution).	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None □	
4	Consulting fees	None 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 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		
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:	2023-09-23	
Your Name:	Julie Gonneaud	
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial	
Manuscript Number (if known):	DADM-D-23-00048	

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 o	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	Fondation Alzheimer & Fondation de France	Salary (Young Researcher Grant, 2019-2022
	of study materials, medical writing,		Click the tab key to add additional rows.
	article processing		
	charges, etc.)  No time limit for		
	this item.		
		Time frame: past 36 months	
2	Grants or contracts from	[⊠] None	
	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 None	
4	Consulting fees	None 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	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,	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		
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:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

9/7/2023

Natalie L Marchant

Date:

Your Name:

any entity (if not indicated in item #1 above).

Manuscript Title:		interventions on mindfulness, so in older adults with subjective of	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial		
Ma	nuscript Number (if know	wn): DADM-D-23-00048			
content of your manuscript. "Relate affected by the content of the manuscript indicate a bias. If you are in doubt at the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned in		"Related" means any relation with for-profit or none manuscript. Disclosure represents a commitme doubt about whether to list a relationship/activity activities/interests should be defined broadly. For son, you should declare all relationships with manuscript in the manuscript.	rt for the work reported in this manuscript without time limit. For all other items, the time		
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		me all entities with whom you have this lationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		<del>_</del>	made to you or to your institution)		
1		ationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	Time frame: Since the initial planning  None  U's Horizon 2020 research and innovation	made to you or to your institution)  of the work  Payments made to my institution (University		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning  None	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning  None  U's Horizon 2020 research and innovation rogramme (grant agreement number 667696)  Izheimer's Society Senior Research Fellowship	made to you or to your institution)  of the work  Payments made to my institution (University College London)  Payments made to my institution (University		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial planning  None  U's Horizon 2020 research and innovation rogramme (grant agreement number 667696)  Izheimer's Society Senior Research Fellowship	Payments made to my institution (University College London) Payments made to my institution (University College London)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: Since the initial planning  None  U's Horizon 2020 research and innovation rogramme (grant agreement number 667696)  Izheimer's Society Senior Research Fellowship	Payments made to my institution (University College London) Payments made to my institution (University College London) College London) 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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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	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,	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		
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:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/7/2023
Your Name:	Dr. Olga Klimecki
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial
Manuscript Number (if known):	DADM-D-23-00048

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.	European Commission Horizon 2020 Program  Secrétariat d'État à la formation, à la recherche et à l'innovation (SEFRI)  Time frame: past 36 month	OK is Co-PI of the Medit-Ageing project funded through the European Union's Horizon 2020 Research and Innovation Program (grant agreement no. 667696).  OK received funding from the Secrétariat d'État à la formation, à la recherche et à l'innovation (SEFRI) under contract no. 15.0336 in the context of the European project 'Medit-Ageing'.  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None See above	
3	Royalties or licenses	None     Non	

		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 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 other board, society, committee or advocacy group, paid or unpaid	Image: square of the square o	

		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	OK has received honoraria for workshops and consulting related to mindfulness-based interventions.	
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:	1/31/2023
Your Name:	Dr. Gaël Chetelat
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial
Manuscript Number (if known):	DADM-D-23-00048

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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.	European Commission Horizon 2020 Program and innovation programme (grant agreement number 667696  Fondation Alzheimer, Programme Hospitalier de Recherche Clinique, Agence Nationale de la Recherche, Région Normandie, Association France Alzheimer et maladies apparentées, Fondation Vaincre Alzheimer, Fondation Recherche Alzheimer and Fondation pour la Recherche Médicale  Fondation d'Entreprise MMA des Entrepreneurs du Futur and MMA	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None     Non	
4	Consulting fees	None 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 None	
10	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		
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

9/21/2023

Date:

Your Name:	Tim Whitfield	
Manuscript Title:	Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial	
Manuscript Number (if known): DADM-D-23-00048		
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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.		
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Specifications/Comments (e.g., if payments were Name all entities with whom you have this made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the  $\boxtimes$ None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows. medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts 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	
4	Consulting fees	None 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 None	
10	Leadership or fiduciary role in other board,	⊠ None	

			cifications/Comments (e.g., if payments were de to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

1/29/2024

Medit-ageing group

Date:

2

Grants or

contracts from any entity (if not indicated in item #1 above).  $\boxtimes$ 

None

Your Name:

Manuscript Title:			Impact of mindfulness-based and health self-management interventions on mindfulness, self-compassion, and physical activity in older adults with subjective cognitive decline: a secondary analysis of the SCD-Well randomized controlled trial		
Manu	uscript Number (if I	(nown):	DADM-D-23-00048		
content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t 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 perta epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive med 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.			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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	
p n fu o n a c	All support for the present manuscript (e.g., unding, provision of study materials, medical writing, urticle processing charges, etc.)  No time limit for his item.	[⊠] No	one	Click the tab key to add additional rows.	

Time frame: 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)
3	Royalties or licenses	None	
4	Consulting fees	None 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 None	
10	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		
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		