

## ICMJE DISCLOSURE FORM

**Date:** 01/20/2024

**Your Name:** Nancy Kerner

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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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:** 01/14/2024

**Your Name:** Howard Andrews

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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**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:** 01/13/2024

**Your Name:** Daniel Cohen

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 01/16/2024

**Your Name:** Hannah R. Cohen

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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## ICMJE DISCLOSURE FORM

**Date:** 01/18/2024

**Your Name:** Gregory Pelton, MD

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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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:** 01/17/2024

**Your Name:** Terry Goldberg

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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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Time frame: Since the initial planning of the work								
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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:** 01/14/2024

**Your Name:** Davangere P. Devanand

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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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Time frame: Since the initial planning of the work								
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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 type="checkbox"/> None	
		Acadia, BioXcel, Corium, TauRx	Payment to me
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:** 01/14/2024

**Your Name:** Julia G. Phillips

**Manuscript Title:** **Sleep-wake behavior, perceived fatigability, and cognitive reserve in older adults**

**Manuscript Number (if known):** ADJ-D-23-01046-R2

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