

## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** Hyun Kim

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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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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.

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**Date:** 11/17/2023

**Your Name:** Seonjoo Lee

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

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**Your Name:** Alina Levine

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**Date:** 11/17/2023

**Your Name:** Benjamin Huber

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11/17/2023

**Your Name:** Nancy A. Kerner

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** Daniel Cohen

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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**Date:** 11/17/2023

**Your Name:** Scott Carlson

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** Sophie A. Bell

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <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 style="text-align: right; 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.								
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <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>							

		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"/> <b>None</b> <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>							
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 11/17/2023

**Your Name:** Andres M. Rivera

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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)						
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <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 style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>							
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table>							

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 11/17/2023

**Your Name:** Marc L. Gordon, MD

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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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)										
<b>Time frame: Since the initial planning of the work</b>													
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">National Institute on Aging</td> <td>Funding paid to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute on Aging	Funding paid to institution			Click the tab key to add additional rows.						
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Click the tab key to add additional rows.													
<b>Time frame: past 36 months</b>													
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Alector</td> <td>Paid to institution</td> </tr> <tr> <td>Janssen</td> <td>Paid to institution</td> </tr> <tr> <td>Novo Nordisk</td> <td>Paid to institution</td> </tr> <tr> <td>AbbVie</td> <td>Paid to institution</td> </tr> <tr> <td>Eisai</td> <td>Paid to institution</td> </tr> </table>	Alector	Paid to institution	Janssen	Paid to institution	Novo Nordisk	Paid to institution	AbbVie	Paid to institution	Eisai	Paid to institution	
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Janssen	Paid to 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)
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 checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Wilson, Elser, Moskowitz, Edelman & Dicker	Paid to me
		Morgan and Morgan	Paid to me
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	
		Labcorp (Advisory Board meeting)	Paid to me
		Corium (Advisory Board meeting)	Paid to me
10	Leadership or fiduciary role in other board,	<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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11/17/2023

**Your Name:** Sabrina Spassov

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>							
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** D. P. Devanand

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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Time frame: Since the initial planning of the work						
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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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		National Institute on Aging	Institution
		Alzheimer's Association	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 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	<input 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	Acadia, BioXcel, Corium, TauRx	Payment to me
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 11/21/2023

**Your Name:** Adam M. Brickman

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small;">Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </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)
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
		Cogstate	self
		Cognito Therapeutics	Self
		Cognition Therapeutics	self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
		US Patent # 9867566	
		Patent pending, publication # 20230298170	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Albert Einstein College of Medicine	
		University of Illinois, Urbana-Champaign	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b>	
		Section editor, <i>Alzheimer's &amp; Dementia</i>	

		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		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 11/10/2023

**Your Name:** Lon S. Schneider

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Della Martin Foundation</td> <td></td> </tr> <tr> <td>NIH P30 AG066530</td> <td></td> </tr> <tr> <td>NIH R01 AG051346</td> <td></td> </tr> </table>	Della Martin Foundation		NIH P30 AG066530		NIH R01 AG051346								
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">AC Immune</td><td style="width: 50%;">Cortexyme</td></tr> <tr><td>Alpha-cognition</td><td>BioVie</td></tr> <tr><td>Athira</td><td>Eli Lilly/Avid</td></tr> <tr><td>Corium</td><td>Lundbeck</td></tr> <tr><td>Merck</td><td>Novo-Nordisk</td></tr> <tr><td>Neurim Ltd</td><td>Otsuka</td></tr> <tr><td>Roche/Genentech</td><td>Cognition</td></tr> <tr><td>Lighthouse</td><td>GW Research</td></tr> <tr><td>ImmunoBrain, Lid</td><td>Bristol Myers Squibb</td></tr> </table>	AC Immune	Cortexyme	Alpha-cognition	BioVie	Athira	Eli Lilly/Avid	Corium	Lundbeck	Merck	Novo-Nordisk	Neurim Ltd	Otsuka	Roche/Genentech	Cognition	Lighthouse	GW Research	ImmunoBrain, Lid	Bristol Myers Squibb	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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>																			
9	Participation on a Data Safety	<input checked="" type="checkbox"/> <b>None</b>																			

		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"/> Merck <input type="checkbox"/> Genentech <input type="checkbox"/> UCB	Muna
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** Philip D. Harvey

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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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)												
<b>Time frame: Since the initial planning of the work</b>															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIMH, NIA, US Department of Veterans Affairs</td><td>Grant Funding</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	NIMH, NIA, US Department of Veterans Affairs	Grant Funding					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"> </td><td> </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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3	Royalties or licenses	<input type="checkbox"/> None	
		WCG Endpoint Solutions	Royalties for the BACS
4	Consulting fees	<input type="checkbox"/> None	
		Alkermes, Boehringer-Ingelheim, Karuna Therapeutics, Minerva Neurosciences, Roche Pharma, Sunovion/DSP Pharma/Angelini	Consulting on research design
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Editorial Fees from Elsevier BV	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alkermes, Boehringer-Ingelheim, Karuna Therapeutics, Minerva Neurosciences, Roche Pharma, Sunovion/DSP Pharma/Angelini	
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	

		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)
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		i-Function, Inc.	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Software access from Brain HQ	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

**Date:** 11/17/2023

**Your Name:** Terry Goldberg

**Manuscript Title:** Novel Measures of Cognition and Function for the AD Spectrum in the Novel Measures for Alzheimer’s Disease Prevention Trials (NoMAD) Project: Psychometric Properties, Convergent Validation, and Contrasts with Established Measures

**Manuscript Number (if known):** ADJ-D-23-00959

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<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div>	<div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 15px; margin-top: 2px;"></div>

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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>							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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