	ICIVIJE DISCLOSURE FORIVI		
Date:	Date: 5/29/2024		
Your Name:	Andrea Weinstein		
Manuscript Title: Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults			
Manuscript Number (if known):	DADM-D-23-00164		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."	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 suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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
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.	National Institute of Aging (R01AG072652; K23AG076663) National Heart Lung Blood Institute (HL131531-03S1) National Cancer Institute (CA149105-09S) Time frame: past 36 month	Payments to institution Payments to institution Payments to institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None University of Pittsburgh pilot awards	Payments to institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comme made to you or to you	nts (e.g., if payments were r 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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Cerebrovascular Health and Resilience in Midlife (CHARM) Data Safety Monitoring Board member	participation
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/29/2024
Your Name:	Ashlyn Runk
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164
content of your manuscript. "Rela affected by the content of the ma	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.
• •	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.

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3	Royalties or licenses	None	

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	relati	None	made to you or to your institution)
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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICIVIJE DISCLOSURE FURIVI		
Date:	5/29/2024		
Your Name:	Ann Haas		
Manuscript Title: Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling Predominantly Black Adults			
Manuscript Number (if known):	DADM-D-23-00164		
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	relati	None	made to you or to your institution)
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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/29/2024
Your Name:	Andrea Rosso
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164

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		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	□ None	
	manuscript (e.g., funding, provision	National Institute of Aging (R01AG072652; K23AG076663)	Payments to institution
	of study materials, medical writing,	National Heart Lung Blood Institute (HL131531- 03S1)	Payments to institution
	article processing charges, etc.)	National Cancer Institute (CA149105-09S)	Payments to institution
	No time limit for this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not	University of Pittsburgh pilot awards	Payments to institution
	indicated in item #1 above).	University of Pittsburgh Pepper Center (P30 AG024827)	Payments to institution
		National Institute of Aging R01 AG057671, K01 AG053431, R01AG075025, R01AG067548, U01AG061393, R01AG055404	Payments to institution
		National Institute of Neurological Disorders and Stroke R01NS131433	Payments to institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None Non	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Virtual Brain Health Symposium, University of British Columbia	Honoraria paid to me
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVIJE DISCLOSURE FORIVI		
5/29/2024		
Meryl A Butters		
Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults		
DADM-D-23-00164		
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 inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. dies/interests should be defined broadly. For example, if your manuscript pertains to the should declare all relationships with manufacturers of antihypertensive medication, even if a in the manuscript. Depart for the work reported in this manuscript without time limit. For all other items, the time is months.		
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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.	National Institute of Aging (R01AG072652; K23AG076663) National Heart Lung Blood Institute (HL131531-03S1) National Cancer Institute (CA149105-09S) Time frame: past 36 month	Payments to institution Payments to institution Payments to institution
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH funding for other research projects	
3	Royalties or licenses	None None	

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None NIH funding for other research projects	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None External Advisory Committee, Geriatric Psychiatry Training Program (NIMH-Funded T-32), Columbia University.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Nam	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/29/2024
Your Name:	Juleen Rodakowski
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164

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		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g.,	□ None National Institute of Aging (R01AG072652;	Payments to institution	
	funding, provision	K23AG076663)	Payments to institution	
	of study materials, medical writing,	National Heart Lung Blood Institute (HL131531-03S1)	Payments to institution	
	article processing	National Cancer Institute (CA149105-09S)	Payments to institution	
	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).	National Institute of Health (R01AG056351; R01MH01282021; R01AG056351-03S1; R41AG069596; R03AG062848)	Payments to institution	
		National Endowment for the Arts (1891751-38-22)	Payments to institution	
		Presbyterian Health Foundation (20221465)	Payments to institution	
		NIDLIRR (90ARCP0007-01-00)	Payments to institution	
		UPENN Pilot grant (Human Centered	Payments to institution	
		Evaluation and Development of the Health App Review Tool (HART)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	□ None American Occupational Therapy Foundation	Payment to the Institution
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 ■	

			e all entities with whom you have this onship 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,		None	
	materials, drugs, medical writing,			
	gifts or other services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/29/2024
Your Name:	Bonnie Ghosh-Dastidar
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ■	
3	Royalties or licenses	None	

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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:	5/29/2024
Your Name:	Tiffany Gary-Webb, PhD, MHS
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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:	5/29/2024
Your Name:	Wendy Troxel
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults
Manuscript Number (if known):	DADM-D-23-00164
. , ,	DADM-D-23-00164 e ask you to disclose all relationships/activities/interests listed below that are related to the

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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:			
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Date:	5/29/2024 Tamara Dubowitz	
Your Name:		
Manuscript Title:	Everyday Functioning as a Predictor of Cognitive Status in a Group of Community-Dwelling, Predominantly Black Adults	
Manuscript Number (if known):	DADM-D-23-00164	

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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