



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Cassandra

2. Surname (Last Name)

Stanton

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| CECTR U54CA189222 (NIH/FDA) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Stanton reports grants from CECTR U54CA189222 (NIH/FDA), during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Diana

2. Surname (Last Name)

Keith

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Keith has nothing to disclose.

Diana R. Keith

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Diann

2. Surname (Last Name)

Gaalema

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Gaalema reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janice

2. Surname (Last Name)

Bunn

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fund used to pay salary. |

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Bunn reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Nathan

2. Surname (Last Name)

Doogan

3. Date

23-December-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

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Yes

No

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Section 6. Disclosure Statement

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Dr. Doogan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ryan

2. Surname (Last Name)

Redner

3. Date

23-December-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in cigarette and non-cigarette tobacco use among US adults with chronic health conditions: NSDUH 2005-2013

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Redner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Allison

2. Surname (Last Name)

Kurti

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

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Dr. Kurti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Megan

2. Surname (Last Name)

Roberts

3. Date

23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cassandra Stanton

5. Manuscript Title

Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005-2013

6. Manuscript Identifying Number (if you know it)

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|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Cancer Institute | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Roberts reports grants from National Cancer Institute, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Higgins

3. Date
23-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cassandra Stanton

5. Manuscript Title

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Dr. Higgins has nothing to disclose.

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