

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Wannachanok	2. Surname (Last Name) Boonchoo	3. Date 28-September-2017
4. Are you the corresponding author?	Ves No	
5. Manuscript Title Dietary intake and weight status of urb	oan Thai preadolescents in the context of food	d environment
6. Manuscript Identifying Number (if you k	now it)	
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Dr. Boonchoo has nothing to disclose.

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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Wannachanok Boonchoo
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🖌 No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes Vo

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Dr. Takemi has nothing to disclose.

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1. Given Name (First Name) Fumi	2. Surname (Last Name) Hayashi	3. Date 29-September-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Wannachanok Boonchoo
 Manuscript Title Dietary intake and weight status of Manuscript Identifying Number (if your state) 	•	in the context of food environment

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🖌 No

	Are there an	y relevant	conflicts of interest?		Yes
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Dr. Ogata has nothing to disclose.

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