

ICMJE DISCLOSURE FORM

Date: 7/28/2022

Your Name: Kexin Yu

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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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|-----------|--|---|---|
| | other board, society, committee or advocacy group, paid or unpaid | Gerontological Society of America Emerging Scholars and Professional Organization Social Research, Policy, and Practice section Junior Leader | This is a volunteer position. No payment was made either to me or my institution. |
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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: 7/30/2021

Your Name: Katherine V. Wild

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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Date: 7/28/2021

Your Name: N. Maritza Dowling

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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Date: 8/1/2022

Your Name: Jeffrey Kaye

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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| 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 | |
| | | Lilly Alzheimer's Drug DSMB | Paid for time on the DSMB |
| | | Stanford Alzheimer's Research Center Advisory Board | Honoraria paid directly to JK |
| | | Rush University Alzheimer's Research Center Advisory Board | Honoraria paid directly to JK |

| | | 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) |
|-----------|---|--|---|
| 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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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Life Analytics | JK holds stock in Life Analytics Inc. for which no payments have been made to him or his institution. |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 7/28/2022

Your Name: Lisa Silbert

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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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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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| 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. | <input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> This study is supported by National Institute on Aging (NIA) grants: R01AG051628, R01AG056102, R01AG056712, P30AG066518 and F99AG068492. </div> | <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> The sponsor had no role in planning of the current manuscript, study design data analysis, and the interpretation of the research findings. The grant was made to the institution. </div> |
| Click the tab key to add additional rows. | | |
| Time frame: past 36 months | | |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |

| | | 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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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> | | | | | | | | | |
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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: 8/12/2022

Your Name: Hiroko H. Dodge

Manuscript Title: Emotional Characteristics of Socially Isolated Older Adults with MCI Using Tablet Administered NIH Toolbox: I-CONNECT study

Manuscript Number (if known): DADM-D-22-00080_R1

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 | | | | | | | | |
| 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. | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Health (NIH/NIA) in the USA: R01AG051628, R01AG056102</td> <td style="width: 40%;">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 of Health (NIH/NIA) in the USA: R01AG051628, R01AG056102 | To institution | | | Click the tab key to add additional rows. | | |
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| IMPACT-AD | To me | | | | | | | | | | |
| Albert Einstein School of Medicine | To me | | | | | | | | | | |
| Florida 1 ADC | To me | | | | | | | | | | |
| Northwestern ADC | | | | | | | | | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Data Safety Monitoring Board member for the following RCTs: US POINTER (Protect Brain Health Through Lifestyle Intervention to Reduce Risk, PI: Laura Barker), RAATE (Reducing African Americans' Alzheimer's Disease Risk Through Exercise, PI: Robert Newton), BEAT-AD (the Brain Energy for Amyloid Transformation in AD, PI:</td> <td style="width: 50%;">To me</td> </tr> </table> | Data Safety Monitoring Board member for the following RCTs: US POINTER (Protect Brain Health Through Lifestyle Intervention to Reduce Risk, PI: Laura Barker), RAATE (Reducing African Americans' Alzheimer's Disease Risk Through Exercise, PI: Robert Newton), BEAT-AD (the Brain Energy for Amyloid Transformation in AD, PI: | To me | | | | | | | |
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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) |
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| | | Suzanne Craft), Stomp-AD (Senolytic Therapy to Modulate the Progression of Alzheimer's Disease, PI: Miranda Orr) and BEACH (Biomarker and Edema Attenuation in IntraCerebral Hemorrhage, PIs: Daniel Hanley and Linda J. Van Eldik). | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | ISTARRT Advisory Board Member | None |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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