

## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Alexandra L. Clark

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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)
<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"/> None  <div style="border: 1px solid black; padding: 5px;">                     The current study is supported by NIA R01 AG056486. The ACTIVE Cognitive Training Trial was supported by grants from the National Institutes of Health to six field sites and the coordinating center, including: Hebrew Senior-Life, Boston (NR04507), the Indiana University School of Medicine (NR04508), the Johns Hopkins University (AG014260), the New England Research Institutes (AG014282), the Pennsylvania State University (AG14263), the University of Alabama at Birmingham (AG14289), and the University of Florida (AG014276).                 </div>	
			<small>Click the tab key to add additional rows.</small>
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  This work was supported by a Shiley-Marcos Alzheimer Disease Research Education Center Grant to Dr. Clark (P30AG062429).  Dr. Clark is also supported by an Alzheimer's Association Research Grant (AARF-22-723000).	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>  	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>  	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>  	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>  	

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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<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 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:** 10/31/2022

**Your Name:** Alexandra J. Weigand

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  	
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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>	
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## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Olivio Clay

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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		Effort for Dr. Clay is also supported by the University of Alabama at Birmingham Alzheimer's Disease Research Center (P20AG068024).	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Michael Crowe

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Joshua Owens

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

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<b>8</b>	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>									
<b>9</b>	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		
<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 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:** 10/31/2022

**Your Name:** Jacob Fiala

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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)
<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"/> None  <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>The current study is supported by NIA R01 AG056486. The ACTIVE Cognitive Training Trial was supported by grants from the National Institutes of Health to six field sites and the coordinating center, including: Hebrew Senior-Life, Boston (NR04507), the Indiana University School of Medicine (NR04508), the Johns Hopkins University (AG014260), the New England Research Institutes (AG014282), the Pennsylvania State University (AG14263), the University of Alabama at Birmingham (AG14289), and the University of Florida (AG014276).</p> </div>
		Click the tab key to add additional rows.
<b>Time frame: past 36 months</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)
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	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		
<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 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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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
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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>	

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## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Michael Marsiske

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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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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.) <b>No time limit for this item.</b>	<input type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px;"> <p>The current study is supported by NIA R01 AG056486. The ACTIVE Cognitive Training Trial was supported by grants from the National Institutes of Health to six field sites and the coordinating center, including: Hebrew Senior-Life, Boston (NR04507), the Indiana University School of Medicine (NR04508), the Johns Hopkins University (AG014260), the New England Research Institutes (AG014282), the Pennsylvania State University (AG14263), the University of Alabama at Birmingham (AG14289), and the University of Florida (AG014276).</p> </div>
		Click the tab key to add additional rows.
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	
		Dr. Marsiske received support from the NIH (AG066506, AG020499, AG054077) .	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		Dr. Marsiske has received an in-kind contribution of 72 software licenses from the Posit Science Company (licensees of the Useful Field of View testing and training programs described in this manuscript) for another study (funded by the Robert Wood Johnson Foundation).	
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	

		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>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<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 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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## ICMJE DISCLOSURE FORM

**Date:** 10/31/2022

**Your Name:** Kelsey R. Thomas

**Manuscript Title:** Associations between social determinants of health and 10-year change in everyday functioning within Black and White older adults enrolled in ACTIVE

**Manuscript Number (if known):** DADM-D-22-00178

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None  This work was supported by a Shiley-Marcos Alzheimer Disease Research Education Center Grant to Dr. Thomas (P30AG062429).  Dr. Thomas is also supported by an Alzheimer's Association Research Grant (AARF-22-723000).	
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	

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<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>	
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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