

ICMJE DISCLOSURE FORM

Date: 12/13/2022

Your Name: Francesca R. Marino

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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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Your Name: Kening Jiang

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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Date: 12/13/2022

Your Name: Jason R. Smith

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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Your Name: Diefei Chen

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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: 12/13/2022

Your Name: Marian Tzuang

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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 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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ICMJE DISCLOSURE FORM

Date: 12/13/2022

Your Name: Nicholas S. Reed

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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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11	Stock or stock options	<input type="checkbox"/> None	
		Neosensory	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 12/13/2022

Your Name: Bonnielin Swenor

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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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ICMJE DISCLOSURE FORM

Date: 12/14/2022

Your Name: Jennifer Deal

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.

ICMJJE DISCLOSURE FORM

Date: 12/14/2022

Your Name: George W. Rebok

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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 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)								
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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%;">NIH/NIA R56AG074496</td><td>NIA/NIH R01AG057678-01A1</td></tr> <tr><td>NIH/NIA P30AG059298</td><td>NIA/NIH R01AG056486</td></tr> <tr><td>NIH/NIA R01AG051723-03</td><td>NIA/NIH R01AG057673-01A1</td></tr> <tr><td>NIA/NIH. R01AG058586-01</td><td> </td></tr> </table>	NIH/NIA R56AG074496	NIA/NIH R01AG057678-01A1	NIH/NIA P30AG059298	NIA/NIH R01AG056486	NIH/NIA R01AG051723-03	NIA/NIH R01AG057673-01A1	NIA/NIH. R01AG058586-01		
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		12/20 Florida State University Colloquium	Payment to me (\$500)
		1/21 University of Texas Medical Branch Colloquium	Payment to me (\$2500)
		2/21 Pennington Biomedical Research Center Colloquium	Payment to me (\$500)
		3/22 National Academy of Neuropsychology.	Payment to me (\$750)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		2019 GSA meeting, Austin, Texas	Payment to me (\$2000)
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	
		NIA, Fittle Trial DSMB (Chair).	Payment to me (\$400)
		NIA, ACT Trial DSMB. (Member)	Payment to me (\$400)
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 checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 12/13/2022

Your Name: Alison Huang

Manuscript Title: Inclusion of hearing and vision impairments in cognitive training interventions

Manuscript Number (if known): TRCI-D-22-00113

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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