

Section 1. Identifying Infor	mation	
Given Name (First Name)  Susan J	2. Surname (Last Name) Curry	3. Effective Date (07-August-200
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		
6. Manuscript Identifying Number (if you	know it)	

## Section 2. The Work Under Consideration for Publication

Curry

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

The Work Under Consideration f	or Pub	lication				17.4
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					ADD
2. Consulting fee or honorarium	1					X ADD
3. Support for travel to meetings for the study or other purposes	1					X ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
5. Payment for writing or reviewing the manuscript	<b>✓</b>					ADD ×
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	1					×



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1						ADD			
7. Other	1					×			
* 74.						ADD			

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>V</b>					×		
						ADD		
2. Consultancy	1					×		
						ADD		
3. Employment	1					×		
4 Post dia salaria di			<del></del>			ADD		
4. Expert testimony	1		housesand			ADD		
5. Grants/grants pending	1					×		
5. Grants/grants perioring	<u> </u>					ADD		
6. Payment for lectures including						×		
service on speakers bureaus	1							
7. Daymant (au manuscript						ADD		
<ol><li>Payment for manuscript preparation</li></ol>	<b>V</b>					×		

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<b>V</b>					AD X
9. Royalties	<b>V</b>					AD X
Payment for development of educational presentations	<b>V</b>					×
1. Stock/stock options	<b>V</b>					AD X
2. Travel/accommodations/ meeting expenses unrelated to activities listed**						×
3. Other (err on the side of full disclosure)	<b>V</b>					AD ×
This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no	forts. need to report tr	avel related to that consulta	ancy on this line.	AD
Section 4. Other relationsh	nips	150		TANK TELEVISION		
Other relationships or activity optentially influencing, what you wro	ties tha			o have influenced, or tha	t give the appearance	of
Are there other relationships or activi	ities tha ote in th	e submitte estances th	ed work? eat present a po	etential conflict of interes		of



Swal, Cur

**Evaluation and Feedback** 

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Section 1. Identifying Infor	mation	
Given Name (First Name)  Joy	2. Surname (Last Name) Melnikow	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication									
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
#					×				
					ADD				
					×				
W					ADD				
					×				
					ADD				
B					×				
					ADD				
B					×				
					ADD				
					×				
	No.	No Money Paid to You	Money Money to Your to You Institution*	Money Money to Your to You Institution*  No Paid Your Institution*  Name of Entity	No Paid Your Institution*  No Paid Your Institution*  Name of Entity Comments**				

Melnikow

The Work Under Conside	ration for Pub	lication	Catalog Sept.	MALE STATES	England William	W. 10
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
* TL:	,					ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership	2					Ī
2. Consultancy						A
3. Employment	A					A
4. Expert testimony	E					A
5. Grants/grants pending						A
6. Payment for lectures including service on speakers bureaus	<u>Ja</u>					
7. Payment for manuscript preparation						A

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	<b>A</b>				
9. Royalties	×				
Payment for development of educational presentations					
11. Stock/stock options	V				
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	-				
3. Other (err on the side of full disclosure)	4				
* This means money that your institution ** For example, if you report a consultan				avel related to that consu	iltancy on this line.
Section 4. Other relations					
Are there other relationships or activ		t readers c	ould perceive t	o have influenced, or t	hat give the appearance of

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

SAVE

Jay M

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

1. Given Name (First Name) Virginia	2. Surname (Last Name) Moyer	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Falls Prevention in Older Adults		

## Section 2. The Work Under Consideration for Publication

Moyer

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

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	Ø					×			
2. Consulting fee or honorarium						ADD X ADD			
3. Support for travel to meetings for the study or other purposes				AHRQ/W	SPSTF.	*			
Fees for participation in review activities such as data monitoring						ADD			
boards, statistical analysis, end point committees, and the like						ADD			
5. Payment for writing or reviewing the manuscript						×			
		/				ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>						×			

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
		10100				ADD
7. Other						×.
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submitt	ed work		100	-
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy				Aonorarum jo Pediatric	r editure	ADD X
3. Employment				reacastic	S Colles	×
4. Expert testimony						ADD X
5. Grants/grants pending						×
6. Payment for lectures including service on speakers bureaus						ADD ×
7. Payment for manuscript preparation						ADD

Moyer

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Relevant financial activities outs	side the	submit	ted work	STATE OF STREET		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)						×
9. Royalties						ADD
						ADD
10. Payment for development of educational presentations						×
						ADD
11. Stock/stock options	<					× ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						*
						ADD
13. Other (err on the side of full disclosure)						×
* This means money that your institution ** For example, if you report a consultance  Section 4. Other relationships	cy above	for your ef there is no	forts. need to report ti	ravel related to that consult	cancy on this line.	ADD
Are there other relationships or activi				to have influenced, or th	at give the appearance	of
potentially influencing, what you wro	ote in th	e submitte	ed work?			
No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	st	
Yes, the following relationships/c	ondition	ns/circums	stances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author						atements.

SAVE

Moyer



Muf @nioes

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Moyer

Section 1.	Identifying Infor	mation	
1. Given Name (F David	irst Name)	2. Surname (Last Nam Grossman	e) 3. Effective Date (07-August-2008)
4. Are you the co	rresponding author?	Yes 🗸 No	Corresponding Author's Name Virginia Moyer
5. Manuscript Titl Falls Prevention	le in Older Adults		
6. Manuscript Ide	entifying Number (if you	know it)	

## Section 2. The Work Under Consideration for Publication

Grossman

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

The Work Under Consideration t	or Pub	lication		ALC: NO.		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	Ø					×
	,					ADD
2. Consulting fee or honorarium	<b>V</b>					×
	,					ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	A					×
and county or county pumposes						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>						×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	J					*
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	4					×

The Work Under Consider	ation for Pub	lication	1	TANK!		0.5
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities out	side the	submit	ted work		A STATE OF		32
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Con	ıments	A STORY
1. Board membership	7						×
							ADD
2. Consultancy							×
	,						ADD
3. Employment							×
	/						ADD
4. Expert testimony							×
	_/		_	a llust		NIH	ADD
5. Grants/grants pending	0			Grong Heart	Titota	grunt	×
				Post Colon		/,	ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>							×
	/	7					ADD
<ol><li>Payment for manuscript preparation</li></ol>							×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



8. Patents (planned, pending or issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.  **For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	Comments	Comm	Entity	Money to Your Institution*	Money Paid to You	No	Type of Relationship (in alphabetical order)
9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.	Al					7	
O. Payment for development of educational presentations  1. Stock/stock options  2. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.	Al						
educational presentations  1. Stock/stock options  2. Travel/accommodations/ meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)  *This means money that your institution received for your efforts.							9. Royalties
2. Travel/accommodations/ meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)	Al					Z	
meeting expenses unrelated to activities listed**  3. Other (err on the side of full disclosure)	A					I	1. Stock/stock options
disclosure)  * This means money that your institution received for your efforts.	A					ď	meeting expenses unrelated to
This means money that your institution received for your efforts.  * For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
	n this line.	isultancy on this lin	el related to that cor	forts. need to report ti	for your ef there is no	cy above 1	** For example, if you report a consultan
Other relationships						hips	Other relations

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

On occasion, journals may ask authors to disclose further information about reported relationships.

SAVE

gerju

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Grossman 5

1. Given Name (First Name) Tim	2. Surname (Last Name) Wilt	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name  Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	DF.					×
						ADD
2. Consulting fee or honorarium	D					×
						ADD
3. Support for travel to meetings for the study or other purposes	0					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	4					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	4					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>A</b>					×

The Work Under Cons	ideration for Pub	lication	de a 2	TO A THE REAL PROPERTY.	Control of the	HE A
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	a					
2. Consultancy						A
3. Employment						
4. Expert testimony	A					A
5. Grants/grants pending	A					A
6. Payment for lectures including service on speakers bureaus	A					A
7. Payment for manuscript preparation	d					A

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submitt	ed work	# J. T.	The second second	ā
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>						×.
						ADD
9. Royalties	1					×
						ADD
<ol> <li>Payment for development of educational presentations</li> </ol>	Ø					×
						ADD
11. Stock/stock options	B					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	A					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>						×
						ADD

## Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

<sup>\*</sup> This means money that your institution received for your efforts.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Tuel la la

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Wilt 5



1. Given Name (First N Kirsten	lame)		ne (Last Name) Domingo		3. Effective Date (07-August-2008
4. Are you the corresp	onding author?	Yes	✓ No	Corresponding Author's Nam Virginia Moyer	e
5. Manuscript Title Falls Prevention in C	Older Adults				

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration	for Pub	lication	A Yes			A Val
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
						ADD
2. Consulting fee or honorarium	D.					×
	(					ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	M					×
the study of other purposes	(					ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	P					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	D					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	T)					×
Bibbins-Domingo	J					2



The Work Under Conside  Type	No.	Money Paid	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	D					×
						× ADD

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities ou	tside the	submit	ted work	19-		No.
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy						ADD
3. Employment	P					ADD
4. Expert testimony	P					×
5. Grants/grants pending	P					ADD ×
Payment for lectures including service on speakers bureaus	A					×
7. Payment for manuscript preparation						ADD

Bibbins-Domingo 3

<sup>\*\*</sup> Use this section to provide any needed explanation.



8. Patents (planned, pending or issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  No Paid to Your Institution*  Finity Comments  Comments  Your Institution*  Finity Comments  Comments  10. Paid to Your Institution*	8. Patents (planned, pending or issued)  9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full	Relevant financial activities out	side the		was blocked	
9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	9. Royalties  10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  *This means money that your institution received for your efforts.		No		Entity	Comments
9. Royalties	9. Royalties		A			
10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	10. Payment for development of educational presentations  11. Stock/stock options  12. Travel/accommodations/meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  *This means money that your institution received for your efforts.	issued)				
educational presentations  11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	educational presentations  11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.	9. Royalties	×			
11. Stock/stock options	11. Stock/stock options  12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.					
12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	12. Travel/accommodations/ meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	educational presentations				
meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)	meeting expenses unrelated to activities listed**  13. Other (err on the side of full disclosure)  * This means money that your institution received for your efforts.	11. Stock/stock options	Ø			
disclosure)	*This means money that your institution received for your efforts.	meeting expenses unrelated to	THE STATE OF THE S			
disclosure)	*This means money that your institution received for your efforts.					
*This manner that the state of			Ø			
		*This possess man outle at your 'entitle at	was made as at	£		
		Section 4. Other relations	nips		THE RESERVE	A STREET WATER

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



amoun

**Evaluation and Feedback** 

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



1. Given Name (First Name) Michael	2. Surname (Last Name) LeFevre	3. Effective Date (07-August-2008
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		

## Section 2. The Work Under Consideration for Publication

LeFevre

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

The Work Under Consideration	or Pub	lication	The second	5 - 3 - 10 /2 /	. 84 12 1 19	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
2. Consulting fee or honorarium						ADD X ADD
Support for travel to meetings for the study or other purposes						× ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×
5. Payment for writing or reviewing the manuscript						ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	Ø					× ×



The Work Under Consi	deration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
						ADD

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						
2. Consultancy						<i>I</i>
3. Employment						,
4. Expert testimony						4
5. Grants/grants pending						F
6. Payment for lectures including service on speakers bureaus						
7. Payment for manuscript preparation	6					

LeFevre 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
atents (planned, pending or sued)	1				
Royalties					
Payment for development of educational presentations					
Stock/stock options					
ravel/accommodations/ meeting expenses unrelated to activities listed**					
Other (err on the side of full disclosure)	1				
s means money that your institution rexample, if you report a consultant ction 4.  Other relations	cy above			avel related to that consult	ancy on this line.
here other relationships or activ ntially influencing, what you wro				o have influenced, or the	at give the appeara
lo other relationships/condition es, the following relationships/c					st
	o iourn	ale will ack	authors to con	firm and, if necessary, up	date their disclosur

M. challa

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

LeFevre 5



Given Name (First Name)  Adelita	<ol><li>Surname (Last Nar Cantu</li></ol>	ne) 3. Effective Date (07-August-2008
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		

## Section 2. The Work Under Consideration for Publication

Cantu

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

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant						×				
		/				ADD				
2. Consulting fee or honorarium	9					×				
						ADD				
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	4					×				
and study or carrel purposes						ADD				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	9					×				
						ADD				
<ol><li>Payment for writing or reviewing the manuscript</li></ol>						×				
						ADD				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	9					×				



The Work Under Conside	eration for Pub	lication	PELLE	Andrew State of the Control		100
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership	Q					
2. Consultancy						A
B. Employment	4					A
. Expert testimony						A
Grants/grants pending	Н					A
i. Payment for lectures including service on speakers bureaus						A
7. Payment for manuscript preparation						A

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)						A
issued)	T		<u></u>			A
9. Royalties	<b>b</b>					
						Α
Payment for development of educational presentations	P					A
1. Stock/stock options	ф					A
2. Travel/accommodations/ meeting expenses unrelated to activities listed**						
3. Other (err on the side of full disclosure)	4					A
* This means money that your institution ** For example, if you report a consultant  Section 4.  Other relations	cy above			avel related to that consult	tancy on this line.	A
Other relations	nips					

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

SAVE



adle & Court

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Cantu 5



1. Given Name (First Name) Glenn	2. Surnan Flores	ne (Last Name)		3. Effective Date (07-August-2008 02-April-2012
4. Are you the corresponding author?	Yes	No	Corresponding Author's Nan Virginia Moyer	
5. Manuscript Title Falls Prevention in Older Adults				

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration f	or Pub	lication	2.3.11			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					X ADD
2. Consulting fee or honorarium	V					× ADD
Support for travel to meetings for the study or other purposes	V					× ADD
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×
Payment for writing or reviewing the manuscript	~					X ADD
Company of the company	V					×
Flores						

The Work Und	der Consideration	for Pub	olication			Ball
	「ype	No	Money Paid to You	Name of Entity	Comments**	
7. Other	N. J. A. B.	V				ADD X

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments					
1. Board membership	V					×				
2. Consultancy	V		$q=2\prod_{i} e^{2i\phi_{i}^{2}}\phi_{i}$			ADD X				
3. Employment	V		The second second			ADD X				
4. Expert testimony	V					×				
5. Grants/grants pending	V					×				
Payment för lectures including service on speakers bureaus	V					×				
7. Payment for manuscript preparation		·// · □				ADD ×				

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out  Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	V					AD X
9. Royalties	V					×
Payment for development of educational presentations	V					×
1. Stock/stock options	~	e 🔲 -				×
Travel/accommodations/     meeting expenses unrelated to     activities listed**	V					AD
3. Other (err on the side of full disclosure)	V		\$ □ \$.			X AD
* This means money that your institution ** For example, if you report a consultar	n received ncy above	for your el there is no	forts. need to report tr	avel related to that consu	Itancy on this line.	
Section 4. Other relations	hips	13			V 10 500	
Are there other relationships or action of the control of the cont	vities tha rote in th	t readers o e submitte	could perceive t ed work?	o have influenced, or th	hat give the appearance o	of
No other relationships/condition	ns/circum	stances tl	nat present a po	tential conflict of inter	est	
Yes, the following relationships/	condition	ns/circum	stances are pres	ent (explain below):		
At the time of manuscript acceptand On occasion, journals may ask autho	ce, journa ors to disc	als will ask close furth	authors to con ner information	firm and, if necessary, uabout reported relation	apdate their disclosure stanships.	atemer
Hide All T	able Roy	vs Checke	·d 'No'	SAVE		

Slem Extres.

1. Given Name (First Name) Mark	2. Surnar Ebell	me (Last Name)	3. Effective Date (07-August-
4. Are you the corresponding author?	Yes	<b>✓</b> No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults			

## Section 2. The Work Under Consideration for Publication

Ebell

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

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	X					×				
2. Consulting fee or honorarium	A					ADD				
3. Support for travel to meetings for the study or other purposes	Image: section of the content of the					×				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	Ø					ADD				
5. Payment for writing or reviewing the manuscript	d					ADD				
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	Ø					×				



The Work Under Conside	ration for Pub	lication		KIND OF STREET	100
Туре	No	Money Paid to You	Name of Entity	Comments**	
					ADD
7. Other	Z				×
					ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	tside the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	20 20
1. Board membership	X					×
2. Consultancy	X					DD ×
3. Employment	X					× DD
4. Expert testimony	<b>Ø</b>					× DD
5. Grants/grants pending	×					× DD
6. Payment for lectures including service on speakers bureaus	$\boxtimes$					×
7. Payment for manuscript preparation	M					X X

Ebell

3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Patents (planned, pending or issued)					
Royalties	$\square$		П		
. Payment for development of	,				
educational presentations	X				
1. Stock/stock options	X				
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	Ø				
Other (err on the side of full disclosure)	X				
* This means money that your institution i ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.
Section 4. Other relationsh	ips	EL 17 65			

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Mah Ell

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Ebell 5

Section 1. Identifying Info	mation	
1. Given Name (First Name) Wanda	2. Surname (Last Name) Nicholson	3. Effective Date (07-August-2008
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		
	know it)	

## Section 2. The Work Under Consideration for Publication

Nicholson

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

The Work Under Consideration f	or Publ	lication	and the			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
	1					ADD
2. Consulting fee or honorarium						×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>						×
the study of other purposes						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	4					×
						ADD
5. Payment for writing or reviewing the manuscript	4					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	4					×



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADI
7. Other						×
						ADI

#### Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
I. Board membership						
2. Consultancy	P					A
3. Employment	7					F
Expert testimony	4					P
. Grants/grants pending						P
s. Payment for lectures including service on speakers bureaus	<b>Þ</b>					P
7. Payment for manuscript preparation						

Nicholson 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



educational presentations  I. Stock/stock options
D. Payment for development of educational presentations
I. Stock/stock options
1. Stock/stock options
2. Travel/accommodations/ meeting expenses unrelated to activities listed**
3. Other (err on the side of full disclosure)

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

SAVE

Nicholson 4



W. Michelon

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Nicholson 5

Section 1.	Identifying Infor	mation	SAMES PROBLEM SAME IN MESSAGE	2
1. Given Name (F Doug	irst Name)	2. Surname (Last Name Owens	3. Effective Date (07-Augu	ust-2008)
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer	
5. Manuscript Tit Falls Preventior	le in Older Adults			
6. Manuscript Ide	entifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration	for Pub	lication				4
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	区					×
	,					ADD
2. Consulting fee or honorarium						×
						ADD
3. Support for travel to meetings for the study or other purposes		0		Task Force	/ AHRQ	×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	X					×
						ADD
5. Payment for writing or reviewing the manuscript	W.					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	X					×

The Work Under Conside	ration for Puk	lication	THE PARTY OF			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	X					×
						ADE

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	X					
2. Consultancy						
3. Employment	R					
4. Expert testimony	×					
5. Grants/grants pending	R					
6. Payment for lectures including service on speakers bureaus	R					
7. Payment for manuscript preparation	K					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out  Type of Relationship (in alphabetical order)	side the	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	K					×
9. Royalties						ADD
5. noyalities	X					ADD
10. Payment for development of educational presentations	×					×
						ADD
11. Stock/stock options	A					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>X</b>					ADD *
						ADD
13. Other (err on the side of full disclosure)	D					×
* This means money that your institution ** For example, if you report a consultand				related to that consul	ltancy on this line.	ADD

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

 $\begin{tabular}{ll} Yes, the following relationships/conditions/circumstances are present (explain below): \end{tabular}$ 

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No

SAVE



In/Clours

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Owens 5

1. Given Name (First Name) Linda	<ol><li>Surname (Last Name Baumann</li></ol>	3. Effective Date (07-August-2008
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Falls Prevention in Older Adults		

## Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration t	for Pub	lication		A STATE OF THE STA		-
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
						ADD
2. Consulting fee or honorarium						×
						ADD
3. Support for travel to meetings for the study or other purposes	中.					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>						×
						ADD
5. Payment for writing or reviewing the manuscript	ф					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	ф					×
Baumann						2



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
		-				ADD
7. Other	$\checkmark$					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	F				
. Consultancy	4				
. Employment					
l. Expert testimony					
i. Grants/grants pending	4				
i. Payment for lectures including service on speakers bureaus	4				
7. Payment for manuscript preparation					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	P					A
9. Royalties						A
Payment for development of educational presentations	4					A
1. Stock/stock options	4					A
2. Travel/accommodations/ meeting expenses unrelated to activities listed**						A
Other (err on the side of full disclosure)						A
* This means money that your institution  ** For example, if you report a consultance  Section 4.  Other relations	cy above			ivel related to that consul	ltancy on this line.	A

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

Linda Barr

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Baumann 5



Section 1.	Identifying Infor	mation	
1. Given Name (F Jessica	irst Name)	2. Surname (Last Name) Herzstein	3. Effective Date (07-August-2008)
4. Are you the co	rresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Titl Falls Prevention			
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration (	or Pub	lication	100000000000000000000000000000000000000			SE SE
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
						ADD
2. Consulting fee or honorarium	V					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	· ·					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	- G					×
						ADD
5. Payment for writing or reviewing the manuscript						×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>						×
Herzstein						2



The Work Under Consider	ation for Pub	lication		JAN BURE	5. 48 Killian	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	ag					×
						ADD

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	9					
. Consultancy						1
. Employment						
. Expert testimony						
. Grants/grants pending	7					
Payment for lectures including service on speakers bureaus						
. Payment for manuscript preparation	9					F

Herzstein 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Money Money to						
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
. Patents (planned, pending or issued)						
. Royalties						
D. Payment for development of educational presentations	I					
1. Stock/stock options	9					
2. Travel/accommodations/ meeting expenses unrelated to activities listed**						
3. Other (err on the side of full disclosure)						
*This means money that your institution  **For example, if you report a consultance  Section 4.  Other relations	cy above t			ravel related to that consu	ltancy on this line.	
Are there other relationships or activ potentially influencing, what you wro	ities that			to have influenced, or th	nat give the appearance	
No other relationships/condition:  Yes, the following relationships/c	s/circums	stances th	nat present a p		est	

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.

SAVE



9 Hez

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

1. Given Name (First Name) Albert	2. Surnar Siu	ne (Last Name		3. Effective Date (07-August-2008 05-April-2012
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Nan Virginia Moyer	ne
5. Manuscript Title Prevention of Falls in Older Adults				

### Section 2. The

### The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	olication			
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**

<sup>\*</sup> This means money that your institution received for your efforts on this study.

#### Section 3.

#### Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

### Relevant financial activities outside the submitted work

<sup>\*\*</sup> Use this section to provide any needed explanation.



levant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments

<sup>\*</sup> This means money that your institution received for your efforts.

Section 4. Other relati	ionships
	activities that readers could perceive to have influenced, or that give the appearance of ou wrote in the submitted work?
=	litions/circumstances that present a potential conflict of interest nips/conditions/circumstances are present (explain below):
	otance, journals will ask authors to confirm and, if necessary, update their disclosure statements uthors to disclose further information about reported relationships.
10000	Show All Table Rows SAVE

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.