

1. Given Name (First Name) Adelita	2. Surname (Last Name) Cantu		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Virginia Moyer	me
5. Manuscript Title Screening for Hearing Loss in Older A	dults: USPSTF Recommen	dation Statement	

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.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					
						A
2. Consulting fee or honorarium	/					15
						A
3. Support for travel to meetings for the study or other purposes	V					
						A
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					
						A
5. Payment for writing or reviewing the manuscript	V					
						A
 Provision of writing assistance, medicines, equipment, or administrative support 	V					

Cantu



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

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

Cantu 3

^{*} This means money that your institution received for your efforts on this study.

^{**} 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	
	***					A
8. Patents (planned, pending or issued)	V					>
9. Royalties	✓					AE >
						AE
Payment for development of educational presentations	✓					>
		[AD
1. Stock/stock options	1					AE
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					>
) Osh /						AD
3. Other (err on the side of full disclosure)	1					>
						AE
This means money that your institution * For example, if you report a consultan				el related to that consul	tancy on this line.	
Section 4. Other relations	hips	(24)	All de la constitución de la con			1000
are there other relationships or active there other relationships or active totally influencing, what you wr				nave influenced, or th	at give the appearance o	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):



1. Given Name (First Name) Glenn	2. Surname (Last Name) Flores	3. Effective Date (07-August-2008 16-July-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Hearing Loss in Older A	dults: USPSTF Recommend	lation Statement

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The Work Under Consideration 1	or Put	olication			National Control	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V		A STATE OF THE STA			×
						AD
2. Consulting fee or honorarium	V					×
						AD
3. Support for travel to meetings for the study or other purposes						×
						AD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						×
						AD
5. Payment for writing or reviewing the manuscript	V					×
						AD
Provision of writing assistance, medicines, equipment, or administrative support	V					×



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

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	V		-			-
Consultancy	V					200 mm av
. Employment	V					100
. Expert testimony	V					100
Grants/grants pending	V					
Payment for lectures including service on speakers bureaus	V				*	No. opposite
Payment for manuscript preparation						No.

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Re	levant financial activities out	side th	e submit	ted work			
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
							ADD
8.	Patents (planned, pending or issued)						X ADD
0	Royalties	V					×
9.	noyattes						ADD
10.	Payment for development of educational presentations						×
							ADD
11.	Stock/stock options	V					×
							ADD
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**						×
	***************************************						ADD
13.	Other (err on the side of full disclosure)	~					×
							ADD

Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of sencing, what you wrote in the submitted work?
homosonik	owing relationships/conditions/circumstances are present (explain below):
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Hide All Table Rows Checked 'No'

^{*} 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.

Section 1.	Identifying Info	rmation	
1. Given Name (F Virginia	First Name)	2. Surname (Last Name) Moyer	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Tit Screening for H		dults: USPSTF Recommendation Statement	
6. Manuscript Ide N/A	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 f	or Publ	lication				10
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
						ADD
2. Consulting fee or honorarium						×
				0 0	,	ADD
Support for travel to meetings for the study or other purposes				USPSTF	arty	×
					0	ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						×
						ADD
Payment for writing or reviewing the manuscript	7					*
						ADD
Provision of writing assistance, medicines, equipment, or administrative support						×

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

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership						
			_			A
2. Consultancy	9					
2. Formular and						F
3. Employment						
4. Expert testimony						
						P
5. Grants/grants pending						
6. Payment for lectures including						P
service on speakers bureaus						
	/					P
7. Payment for manuscript preparation						

3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
		/				ADD		
Patents (planned, pending or issued)						×		
						ADD		
9. Royalties						×		
						ADD		
Payment for development of educational presentations	1					×		
		-				ADD		
11. Stock/stock options						×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	7					×		
						ADD		
Other (err on the side of full disclosure)						×		
						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'

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^{*} 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.



1. Given Name (First Name) Douglas	2. Surname (Last Name) Owens		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nan Virginia Moyer	ne
5. Manuscript Title Screening for Hearing Loss in Older A	dults: USPSTF Recommen	dation Statement	

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	(DEET)			7. E-J. J.
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	/					×
						ADD
2. Consulting fee or honorarium	1					×
						ADD
3. Support for travel to meetings for the study or other purposes		✓		USPSTF meetings		×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	1					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					
						A
. Consultancy	1					8
						A
. Employment	✓					100
						A
Expert testimony	V					A
5. Grants/grants pending	V					^
. Grants, grants perfaining	V					A
5. Payment for lectures including service on speakers bureaus	V					
						A
7. Payment for manuscript preparation	V					13

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



 Payment for development of educational presentations Stock/stock options Travel/accommodations/ meeting expenses unrelated to activities listed** 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. 	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	Section 1
9. Royalties 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. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	9. Patents (planned pending or						
 0. Payment for development of 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. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line. 		√					I
 0. Payment for development of 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. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line. 	O. Povoltion						ł
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. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	9. noyaities	V					ì
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.	10. Payment for development of educational presentations	V					İ
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.	11. Stock/stock options	✓					
* 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.	meeting expenses unrelated to	V					
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.		\checkmark					İ
Section 4. Other relationships	** For example, if you report a consultancy	y above	for your ef there is no	forts. need to report trave	I related to that consul	ltancy on this line.	

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Hide All Table Rows Checked 'No'



Section 1.	Identifying Inform	nation		
1. Given Name (F	irst Nathe)	2. Surname (Last Name)		3. Effective Date (07-August-2008) 16-July-2012
	rresponding author?	Yes No	Corresponding Author's Na Virginia Moyer	me
5. Manuscript Titl Screening for He		ults: USPSTF Recommenda	ation Statement	
6. Manuscript Ide N/A	ntifying Number (if you k	now 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 Publ	ication	70 200			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						× ADD
2. Consulting fee or honorarium	d					× ADD
3. Support for travel to meetings for the study or other purposes						×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	d					×
5. Payment for writing or reviewing the manuscript	6					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	6					ADD



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ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Conside	ration for Pub	lication				
Туре	No		Money to Your Institution*	Name of Entity	Comments**	
	/					ADD
7. Other						×
						ADD

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Relevant financial activities out	side the submit	tted work	Tental and		99 FG
Type of Relationship (in alphabetical order)	Money No Paid to You		Entity	Comments	
1. Board membership	0				×
2. Consultancy	d o		-1		ADD ×
3. Employment		П	physician	Hosp. Ll Center	X
4. Expert testimony			<i>V. y</i>		ADD ×
5. Grants/grants pending					×
					ADD
Payment for lectures including service on speakers bureaus					×
					ADD
Payment for manuscript preparation					×

^{*} This means money that your institution received for your efforts on this study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No No	Money Paid to You	Money to Your Institution*	Entity	Comments	
		/				ADI
 Patents (planned, pending or issued) 						×
7. Royalties						ADI
a. noyalties						ADI
Payment for development of educational presentations						×
	/					ADI
1. Stock/stock options						×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	4					ADI ×
	/					ADI
3. Other (err on the side of full disclosure)						×
Yl.		for your of	forts			ADI
This means money that your institution For example, if you report a consultar	ncy above	there is no	need to report tra	vel related to that consu	Itancy on this line.	

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?
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Hide All Table Rows Checked 'No'



Given Name (First Name) David	2. Surname (Last Name) Grossman		3. Effective Date (07-August-2008 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Virginia Moyer	me
5. Manuscript Title Screening for Hearing Loss in Older A	dults: USPSTF Recommen	dation Statement	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	/					AI
2. Consulting fee or honorarium	√					A
3. Support for travel to meetings for the study or other purposes	✓					
1. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					Al
5. Payment for writing or reviewing the manuscript	✓					AI
 Provision of writing assistance, medicines, equipment, or administrative support 	✓					AI



The Work Under Consid	eration for Pub	lication	A MODEL TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charles Harris	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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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	V					×	
						AD	
2. Consultancy	✓					×	
						AD	
3. Employment	V					×	
4. Expert testimony	√					AD X	
5. Grants/grants pending	√					AD AD	
6. Payment for lectures including service on speakers bureaus	✓					×	
						AD	
7. Payment for manuscript preparation	/					×	

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADI
Patents (planned, pending or issued)	/					×
						ADI
9. Royalties	1					×
						ADI
Payment for development of educational presentations	\checkmark					×
						ADI
1. Stock/stock options	✓					×
2. Travel/accommodations/						AD
meeting expenses unrelated to activities listed**	✓					×
						ADI
Other (err on the side of full disclosure)	✓					×
This means money that your institution For example, if you report a consultan				vel related to that consu	ltancy on this line.	ADI
Section 4. Other relations	hips	687	Mary Sala	The self to the	18 13 W 18 18 19 19 10	100
Are there other relationships or active octentially influencing, what you wro				have influenced, or the	nat give the appearance o	f
✓ No other relationships/condition	s/circum	stances th	at present a pot	ential conflict of inter	est	

Hide All Table Rows Checked 'No'

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



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

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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	P					×	
2. Consultancy						ADD X	
3. Employment	W					×	
4. Expert testimony						ADD X	
5. Grants/grants pending	J					X ADD	
6. Payrnent for lectures including service on speakers bureaus	9					×	
7. Payment for manuscript preparation	1					ADD	

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
8. Patents (planned, pending or issued)	d					ADD ×	
9. Royalties	V					ADD X	
10. Payment for development of educational presentations	V					ADD	
11. Stock/stock options	J					ADD X	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					×	
13. Other (err on the side of full disclosure)	J					ADD ×	
* 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.							
Section 4							

Section 4.	Other relationshins
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Hide All Table Rows Checked 'No'



Susan Clery

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Infor	mation						
1. Given Name (First Name) Wouda	2. Surname (Last Name) Nicholso		te (07-August-2008)				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer					
5. Manuscript Title Screening for Hearing Loss in Older Adults: USPSTF Recommendation Statement							
6. Manuscript Identifying Number (if you k N/A	know it)						

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

The Work Under Consideration for Publication								
	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 outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	(X)				X ADD		
2. Consultancy	D)				×		
3. Employment	$ \overline{\triangleright} $				X ADD		
4. Expert testimony	X				× ADD		
5. Grants/grants pending	Ø				X ADD		
Payment for lectures including service on speakers bureaus	A				×		
7. Payment for manuscript preparation	d'				ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
8. Patents (planned, pending or issued)	夕					ADD ×	
9. Royalties	果					ADD X ADD	
10. Payment for development of educational presentations	X					×	
11. Stock/stock options	×					ADD X ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	₩					×	
13. Other (err on the side of full disclosure)	內					ADD X ADD	
* This means money that your institution ** For example, if you report a consultance				avel related to that consul	tancy on this line.	menuli	
Section 4. Other relations	nips						

Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
7	ntionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships. W. WI Chol F. M.

Hide All Table Rows Checked 'No'



W. Nicholson, mo

Evaluation and Feedback

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Section 1. Identifying	Information	
1. Given Name (First Name) KIRSTEN 4. Are you the corresponding authorized to the correspond	2. Surname (Last Name) BIBRINS-DOMING or?	
5. Manuscript TitleScreening for Hearing Loss in O6. Manuscript Identifying Number N/A	der Adults: USPSTF Recommendation Statement if you know it)	
Section 2. The Work II	nder Consideration for Publication	Dello.

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					X ADD	
2. Consulting fee or honorarium	K					X ADD	
3. 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	Ø					×	
5. Payment for writing or reviewing the manuscript	M					X ADD	
6. Provision of writing assistance, medicines, equipment, or administrative support	M					×	



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	X					×		
						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	X				×	
2. Consultancy	×				ADD X	
3. Employment					×	
4. Expert testimony	\boxtimes				ADD X	
5. Grants/grants pending	A				×	
6. Payment for lectures including service on speakers bureaus	Ø				ADD X	
7. Payment for manuscript preparation	M				×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
8. Patents (planned, pending or issued)	Ø					ADD	
9. Royalties	X					ADD ADD	
10. Payment for development of educational presentations	Ø					×	
11. Stock/stock options	Ø					ADD ×	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø					×	
13. Other (err on the side of full disclosure)	A					ADD X	
* This means money that your institution ** For example, if you report a consultance				avel related to that consul	tancy on this line.	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.

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Section 1. Identifying Info	ormation	
1. Given Name (First Name)	2. Surname (Last Name) BAUMAN	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes No Correspondi Virginia Mo	ng Author's Name oyer
5. Manuscript Title Screening for Hearing Loss in Older	Adults: USPSTF Recommendation Stateme	nt
6. Manuscript Identifying Number (if yo N/A	u 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 f	or Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
2. Consulting fee or honorarium	V					ADD X ADD
Support for travel to meetings for the study or other purposes	d					×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	X					×
						ADD
5. Payment for writing or reviewing the manuscript	X					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	7					×



The Work Under Consideration for Publication							
Туре	e No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\square					×	
						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	製造
1. Board membership	X					×
2. Consultancy	79					X ADD
3. Employment	X					×
						ADD
4. Expert testimony	X					×
						ADD
5. Grants/grants pending	X					X ADD
6. Payment for lectures including service on speakers bureaus	N					×
						ADD
Payment for manuscript preparation	X					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



THE REPORT OF THE PARTY OF THE	E STATE	Money	Money to	mark market
Type of Relationship (in alphabetical order)	No	Paid to	Your_ Institution*	Entity
2000年8月1日 2000年 1月1日	A SOURCE STATE	Ecole		THE PERSON NAMED IN
Patents (planned, pending or issued)	X			
9. Royalties	[\frac{\chi}{2}]			
10. Payment for development of	X			
educational presentations	LA			
11. Stock/stock options	T.			
12. Travel/accommodations/				
meeting expenses unrelated to activities listed**				
13. Other (err on the side of full disclosure)	X			
* This means money that your institutio ** For example, if you report a consultar				l related to that co
Section 4. Other relations	hips	R or Stock		
Are there other relationships or acti		t readers c	ould perceive to h	nave influenced, o

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):



Section 1. Identifying Info	ormation	
1. Given Name (First Name)	2. Surname (Last Name) Herzstein	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes No Corresponding Auth	nor's Name
5. Manuscript Title		
Screening for Hearing Loss in Older	Adults: USPSTF Recommendation Statement	
6. Manuscript Identifying Number (if yo N/A	u 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 f	or Publ	ication			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant			MOST		×
2. Consulting fee or honorarium					ADD X ADD
3. Support for travel to meetings for the study or other purposes	4				×
					ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like					×
					ADD
5. Payment for writing or reviewing the manuscript	4				×
					ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	9				×



The Work Under Consideration for Publication							
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.

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Relevant financial activities out	side the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy	9					ADD X
3. Employment						×
4. Expert testimony						ADD X
5. Grants/grants pending						×
C. Downson for Land and Market						ADD
6. Payment for lectures including service on speakers bureaus						×
7. Payment for manuscript						ADD
preparation	9					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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Type of Relationship (in		A LONG SERVICE	NAME OF TAXABLE PARTY.	A THE DID NOT THE	ALTERNATION OF	- Mari
alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or	/:					Al
ssued)	9					
Royalties						Al
		,				Al
Payment for development of educational presentations						E
Stock/stock options						Al
						Al
Fravel/accommodations/ meeting expenses unrelated to activities listed**	9					
Other (err on the side of full disclosure)						Al
is means money that your institution or example, if you report a consulta				el related to that consulta	ancy on this line.	Al
ction 4. Other relation	ships	2007000				Per No.
there other relationships or act	ivities that			have influenced, or tha	t give the appearance	e of
entially influencing, what you w	rote in the	submitte	ed Work!			
No other relationships/condition					t	
Yes, the following relationships	rcondition	is/Circums	tarices are preser	it (explain below):		
ne time of manuscript acceptan occasion, journals may ask auth						stateme



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) McChael	2. Surname (Last Name)	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title		
Screening for Hearing Loss in Older A	dults: USPSTF Recommenda	ition Statement
6. Manuscript Identifying Number (if you N/A	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 Publication							
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	Z					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						×	
						ADD	
5. Payment for writing or reviewing the manuscript						×	
						ADD	
 Provision of writing assistance, medicines, equipment, or administrative support 	Ø					×	



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

Section 3. Relevant financial activities outside the submitted work.

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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					×		
2. Consultancy	Í				ADD X		
3. Employment					×		
4. Expert testimony					ADD X		
5. Grants/grants pending	abla				- X		
Payment for lectures including service on speakers bureaus					ADD ×		
7. Payment for manuscript preparation	\square				×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



efforts.		efforts. no need to report travel related to that consultancy on th

Other relationships Are there other relationships or activities that readers could perceive to have influenced, or that

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

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Section 1.	Identifying Infor	mation		
1. Given Name (F	irst Name)	2. Surname (Last Name)	Meluikav	3. Effective Date (07-August-2008) 16-July-2012
4. Are you the co	rresponding author?	Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Titl Screening for He		lults: USPSTF Recommend	ation Statement	
6. Manuscript Ide N/A	ntifying Number (if you k	now 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 Publication								
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant						×		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ADD		
2. Consulting fee or honorarium	4					×		
3. Support for travel to meetings for	/	_	_			ADD		
the study or other purposes						×		
						ADD		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end	4					×		
point committees, and the like								
						ADD		
Payment for writing or reviewing the manuscript	9					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	9					×		



The Work Under Consideration for Publication							
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.

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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	V					×		
2. Consultancy						DD X DD		
3. Employment						×		
4. Expert testimony	P				E	DD ×		
5. Grants/grants pending	4					DD X		
Payment for lectures including service on speakers bureaus						DD X		
7. Payment for manuscript preparation					AI	DD X		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
8. Patents (planned, pending or issued)						ADD ×		
9. Royalties						ADD		
Payment for development of educational presentations	W					ADD		
11. Stock/stock options	D'					ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						ADD ×		
13. Other (err on the side of full disclosure)	Ø					ADD ×		
* This means money that your institution ** For example, if you report a consultance				el related to that consul	tancy on this line.	ADD		
Section 4. Other relationsh	nips							
Are there other relationships or activity potentially influencing, what you wro				nave influenced, or th	nat give the appearance o	of		
No other relationships/conditions	:/circums	tances th	at present a pote	ntial conflict of intere	est			

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):

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Section 1. Identifying Information	
1. Given Name (First Name) 2. Surname (Last Name) 4. Are you the corresponding author? Yes V No	3. Effective Date (07-August-2008) 16-July-2012 Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Hearing Loss in Older Adults: USPSTF Recommend	dation Statement
6. Manuscript Identifying Number (if you know it) N/A	

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 Publication							
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant						X ADD	
2. Consulting fee or honorarium	7					X	
3. Support for travel to meetings for the study or other purposes	7					x	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	A					×	
	,					ADD	
5. Payment for writing or reviewing the manuscript						×	
	,					ADD	
 Provision of writing assistance, medicines, equipment, or administrative support 						×	

The Work Under Consideration for Publication								
Туре	No Paid Your Name of Entity Comments** to You Institution*							
7. Other		ADD X						
		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	7					×			
2. Consultancy						ADD			
3. Employment						ADD			
4. Expert testimony	1					ADD			
5. Grants/grants pending						ADD			
Payment for lectures including service on speakers bureaus	1					ADD			
7. Payment for manuscript preparation	A					ADD			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
8. Patents (planned, pending or issued)						ADD		
9. Royalties						ADD X		
10. Payment for development of educational presentations						×		
11. Stock/stock options						ADD X		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						×		
13. Other (err on the side of full disclosure)						ADD X		
* This means money that your institution ** For example, if you report a consultan				ravel related to that cons	sultancy on this line.	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.

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Section 1. Identifying Info	rmation	
 Given Name (First Name) M W Are you the corresponding author? 	2. Surname (Last Name) ESUL Yes No	3. Effective Date (07-August-2008) 16-July-2012 Corresponding Author's Name Virginia Moyer
5. Manuscript TitleScreening for Hearing Loss in Older A6. Manuscript Identifying Number (if you N/A		tion Statement

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 Publication									
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	Ø					×			
2. Consulting fee or honorarium						X ADD			
Support for travel to meetings for the study or other purposes	Ø					X			
						ADD			
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						×			
						ADD			
5. Payment for writing or reviewing the manuscript	Z					×			
barrier branches						ADD			
Provision of writing assistance, medicines, equipment, or administrative support						×			



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

Section 3. Relevant financial activities outside the submitted work.

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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	Ø					×		
2. Consultancy						ADD X ADD		
3. Employment	N					×		
4. Expert testimony						ADD X ADD		
5. Grants/grants pending						×		
						ADD		
6. Payment for lectures including service on speakers bureaus						×		
7. Payment for manuscript			_			ADD		
preparation	Z					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
Patents (planned, pending or issued)						ADD ×			
9. Royalties						ADD			
Payment for development of educational presentations	2					ADD			
11. Stock/stock options	Z					ADD ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø					×			
13. Other (err on the side of full disclosure)	Ø					ADD X			
* This means money that your institution ** For example, if you report a consultance				avel related to that consu	ultancy on this line.	ADD			
Section 4. Other relationsh	nips								
Are there other relationships or activi potentially influencing, what you wro	ties that			o have influenced, or t	hat give the appearance o	of			
No other relationships/conditions Yes, the following relationships/co					est				
At the time of manuscript acceptance On occasion, journals may ask author						itements.			



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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1.	Identifying Infor	mation		
1. Given Name (F	irst Name)	2. Surname (Last Name)		3. Effective Date (07-August-2008) 16-July-2012
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Na Virginia Moyer	me
Manuscript Titl Screening for He		dults: USPSTF Recommenda	ation Statement	
6. Manuscript Ide N/A	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 for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant						×		
2. Consulting fee or honorarium	N.					X ADD		
Support for travel to meetings for the study or other purposes	X					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	Q					×		
						ADD		
5. Payment for writing or reviewing the manuscript	ø					×		
C. Description of contribution and state of						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	T					×		

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

Section 3. Relevant financial activities outside the submitted work.

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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					×			
2. Consultancy	A				ADI X			
3. Employment	4				×	į		
4. Expert testimony	•				ADI			
5. Grants/grants pending	P				ADI X			
Payment for lectures including service on speakers bureaus					×			
7. Payment for manuscript preparation	X				ADI			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	4					ADD X
9. Royalties	4					ADD
10. Payment for development of educational presentations						ADD
11. Stock/stock options	图					ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						ADD X
13. Other (err on the side of full disclosure)						ADD X
* 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.						
Section 4. Other relationsh	nips					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of						

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.

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