Section 1.	Identifying Information								
1. Given Name ( H <mark>erzstein</mark>	First Name)	2. Surname (Last Nan Jessica	ne) 3. Effective Date (07-August-2008) 13-November-2012						
4. Are you the co	orresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer						
5. Manuscript Ti Screening for E		Interventions in Primary	Care to Reduce Alcohol Misuse						
6. Manuscript Id	lentifying 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	<b>V</b>					×		
						ADD		
2. Consulting fee or honorarium	1					×		
						ADD		
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>V</b>					×		
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>	<b>V</b>					×		
Production of the second of th						ADD		
5. Payment for writing or reviewing the manuscript	<b>V</b>					×		
						ADD		
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×		

The Work Under Consid	eration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other		<b>✓</b>	<b>✓</b>			×
						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	<b>V</b>			NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
	I married to	No.			
Consultancy	1				
Employment					
Expert testimony	1				
Grants/grants pending	1				
Payment for lectures including service on speakers bureaus	<b>V</b>				
Payment for manuscript preparation	<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	Money to Your	Entity	Comments	
alphabetical order)		You	Institution*			
8. Patents (planned, pending or						ADD
issued)	✓					×
9. Royalties						ADE X
s. noyalities	1					ADE
0. Payment for development of	<b>V</b>					×
educational presentations						ADE
Stock/stock options	1					×
						/A(D)
2. Travel/accommodations/ meeting expenses unrelated to			П			×
activities listed**			Water Control			ADI
3. Other (err on the side of full						E945
disclosure)	1					×
* This means money that your institution	va cali va d	forvour	forte			ADD
* For example, if you report a consultan				el related to that consu	Itancy on this line.	
Section 4. Other relations						

✓ 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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De Hay



I. Given Name (First Name) David	<ol><li>Surname (Last Name)</li><li>Grossman</li></ol>	3. Effective Date (07-August-2008 08-November-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling I	nterventions in Primary C	are to Reduce Alcohol Misuse

#### 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 Wo	The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant		×					X ADD			
2. Consu	lting fee or honorarium	K					X ADD			
	rt for travel to meetings for dy or other purposes						X ADD			
activiti boards	or participation in review es such as data monitoring s, statistical analysis, end committees, and the like	M					X			
and the second second second	ent for writing or reviewing anuscript						X ADD			
medic	ion of writing assistance, ines, equipment, or istrative support	<b>X</b>					×			



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	X					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						×		
2. Consultancy	$\boxtimes$					ADD ×		
3. Employment	X					X		
4. Expert testimony	₩.					X ADD		
5. Grants/grants pending	X					X ADD		
6. Payment for lectures including service on speakers bureaus						X		
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.



Relevant financial activities outs	ide the	submitt Money	ed work Money to			
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
9. Patents (alamad panding or						ADD
Patents (planned, pending or issued)	X					X ADD
9. Royalties	X					X
						ADD
10. Payment for development of educational presentations						×
	- Ferman					ADD
11. Stock/stock options	X					X ADD
12. Travel/accommodations/						×
meeting expenses unrelated to activities listed**	X					ADD
13. Other (err on the side of full	X					×
disclosure)						ADD
* This means money that your institution ** For example, if you report a consultant	received	for your ef	forts.	ravel related to that consul	tancy on this line	
** For example, if you report a consultant	cy above	there is no	need to report t	raver related to triat corrison	tuney on this inter	
Section 4. Other relations						
Other relations  Are there other relationships or activ		t roadors o	rould perceive	to have influenced or th	nat give the appearance o	f
potentially influencing, what you wro	ote in th	e submitte	ed work?	to have illindericed, or ti	iat give the appearance o	
No other relationships/condition	s/circun	nstances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/o						
At the time of manuscript acceptance On occasion, journals may ask autho	e, journ rs to dis	als will ask close furth	authors to coner information	nfirm and, if necessary, unabout reported relation	pdate their disclosure stanships.	tements,
Hide All Ta	ble Ro	ws Checke	d No	SAVE		



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#### **Evaluation and Feedback**

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Section 1. Identifying Inform	nation	
1. Given Name (First Name)  Wavoa	2. Surname (Last Name)	3. Effective Date (07-August-2008) - パールター1ユ
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling Int	terventions in Primary Care	to Reduce Alcohol Misuse
Manuscript Identifying Number (if you kn     N/A		to reader meanormisuse

### 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	果					X ADD			
2. Consulting fee or honorarium						X ADD			
Support for travel to meetings for the study or other purposes	肉					X			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	F					X ADD			
5. Payment for writing or reviewing the manuscript	甲					ADD X			
Provision of writing assistance, medicines, equipment, or administrative support	4					ADD ×			

The Work Under Consideration	for Pub	lication		NECES		
Type	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						×		
2. Consultancy						ADD X		
3. Employment						×		
4. Expert testimony						ADD X ADD		
5. Grants/grants pending						X		
Payment for lectures including service on speakers bureaus						×		
7. Payment for manuscript preparation						ADD X		

<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 outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	を発生した。		
8. Patents (planned, pending or issued)	, to					ADD X		
9. Royalties	又					X ADD		
10. Payment for development of educational presentations	7					×		
11. Stock/stock options	果					ADD X		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	S					×		
13. Other (err on the side of full disclosure)	F					ADD X		
		150 120						

# 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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<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.

Section 1. Identifying Info	ormation	
1. Given Name (First Name)  Mehael	2. Surname (Last Name) Le Fev5C	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling	g Interventions in Primary Car	e to Reduce Alcohol Misuse
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	lication	1	WHEN THE RES	Wall To the Control	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	P					X ADD
2. Consulting fee or honorarium	中					× ADD
3. Support for travel to meetings for the study or other purposes	4					×
4. Fees for participation in review						ADD
activities such as data monitoring boards, statistical analysis, end point committees, and the like	中					×
5. Payment for writing or reviewing	A					ADD
the manuscript	4					ADD
Provision of writing assistance, medicines, equipment, or administrative support						×

Other  This means money that your institution  * Use this section to provide any need	P	Institution*		
		orts on this study	y.	
Section 3. Relevant finan				

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 th	e submitt	ed work		DESCRIPTION AND PROPERTY.	4 - 3
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership						×
2. Consultancy	4					ADD X ADD
3. Employment	ф					X ADD
4. Expert testimony	þ					X ADD
5. Grants/grants pending	þ					×
Payment for lectures including service on speakers bureaus	-					×
7. Payment for manuscript preparation	-					×

Relevant financial activities outs	ide the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
DESCRIPTION OF THE PROPERTY OF						ADD
Patents (planned, pending or issued)	P					×
9. Royalties	h		П			ADD
						ADD
10. Payment for development of educational presentations						×
11. Stock/stock options						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	P					ADD ×
13. Other (err on the side of full disclosure)	4					ADD X
* This means money that your institution ** For example, if you report a consultance  Section 4. Other relationsh	y above t			avel related to that consult	ancy on this line.	ADD
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or th	at give the appearance	of
No other relationships/conditions	/circum	stances tha	at present a pe	otential conflict of intere	st	
Yes, the following relationships/co	ondition	s/circumst	ances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author						atements.
Hide All Tal	ole Row	s Checked	'No'	SAVE		



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Section 1. Identifying Info	rmation	
1. Given Name (First Name)  KIRSTEN	2. Surname (Last Name) Bibbins Downey	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No Corresponding Auth	hor's Name
5. Manuscript Title Screening for Behavioral Counseling	Interventions in Primary Care to Reduce Alcohol	Misuse
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	Ø					X ADD		
2. Consulting fee or honorarium	Ø					×		
Support for travel to meetings for the study or other purposes	M					ADD ×		
Fees for participation in review						ADD		
activities such as data monitoring boards, statistical analysis, end point committees, and the like	P					×		
						ADD		
5. Payment for writing or reviewing the manuscript	100					×		
6. Provision of writing assistance, medicines, equipment, or administrative support	₩ ₩					ADD X		

The Work Under Conside	eration 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.

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



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)	M				ADD ×				
9. Royalties	Ø				×				
Payment for development of educational presentations	Ø				ADD ×				
11. Stock/stock options	7				ADD X				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	P				×				
13. Other (err on the side of full disclosure)	Ø				ADD × 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? Wo 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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<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.

Section 1. Identifying Infor	mation	
1. Given Name (First Name)  Alell 4. Are you the corresponding author?	2. Surname (Last Name)  Yes No Corresponding Author Virginia Moyer	3. Effective Date (07-August-2008)  \[ \left( - 12 \)  or's Name
5. Manuscript Title Screening for Behavioral Counseling In 6. Manuscript Identifying Number (if you IN/A)  N/A	nterventions in Primary Care to Reduce Alcohol M	Misuse

#### 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	9					X ADD			
2. Consulting fee or honorarium	9					X ADD			
3. Support for travel to meetings for the study or other purposes	9					X ADD			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	7					×			
5. Payment for writing or reviewing the manuscript	d					X			
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	0				THE PARTY AND A				
2. Consultancy	9				AD ×				
. Employment									
. Expert testimony	9				AD ×				
. Grants/grants pending	4								
. Payment for lectures including service on speakers bureaus	9				AE				
. 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.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	9					×		
	-	/_				ADD		
9. Royalties	9					X		
10. Payment for development of	_/					ADD		
educational presentations	1					×		
						ADD		
11. Stock/stock options						× ADD		
12. Travel/accommodations/	_/	/				1575		
meeting expenses unrelated to activities listed**	5					×		
						ADD		
13. Other (err on the side of full disclosure)						×		
						ADD		

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	cionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
At the time of ma	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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<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.

Section 1. Identifying Inform	mation	
1. Given Name (First Name)  MARK	2. Surname (Last Name) EBELL	3. Effective Date (07-August-2008) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	nterventions in Primary Car	e to Reduce Alcohol Misuse
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	Ø					X			
2. Consulting fee or honorarium						ADD X			
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	ď					ADD X			
Payment for writing or reviewing the manuscript						×			
Provision of writing assistance, medicines, equipment, or administrative support	Ø					ADD X			

The Work	Under Consider	ration for Pub	lication		中,成功的意思。		
	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				
. Board membership									
. Consultancy	Ø								
. Employment									
. Expert testimony	Ø								
5. Grants/grants pending	Ø								
5. Payment for lectures including service on speakers bureaus	Ø								
7. Payment for manuscript preparation	d								

<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 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	7					X		
11. Stock/stock options	A					X ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	4					×		
13. Other (err on the side of full disclosure)						ADD X		
* This means money that your institution ** For example, if you report a consultance	received y above t	for your eff there is no	forts. need to report tr	avel related to that consul	tancy on this line.	AUU		

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?
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	wing relationships/conditions/circumstances are present (explain below):
At the time of ma On occasion, jou	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.

Hide All Table Rows Checked 'No'

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Section 1. Identifying Information	
1. Given Name (First Name) Meluikou Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author? Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling Interventions in Primary Car	e to Reduce Alcohol Misuse
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							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	7					X ADD	
2. Consulting fee or honorarium	中					X ADD	
Support for travel to meetings for the study or other purposes	4					×	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	4					ADD X	
5. Payment for writing or reviewing the manuscript	4					×	
Provision of writing assistance, medicines, equipment, or administrative support	4					ADD ×	

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

<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	Your	Entity	Comments	
		You	Institution*		A	ADD
Patents (planned, pending or issued)	中					×
						ADD
9. Royalties	P					×
10. Dayment for development of						ADD
10. Payment for development of educational presentations	甲					×
	1				100	ADD
11. Stock/stock options	4				100	X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	4					×
						ADD
13. Other (err on the side of full disclosure)	中					×
	- 100					ADD

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?
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.  Irnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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



		4/7/12
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title		
Screening for Behavioral Counseling Into	erventions in Primary Care	e to Reduce Alcohol Misuse

# 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	Na	Money Paid to You 1	Your	Name of Entity	Comments**		
1. Grant	0						
2. Consulting fee or honorarium	9						
Support for travel to meetings for the study or other purposes				Task Force	Particular and Partic		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>							
5. Payment for writing or reviewing the manuscript	9				A SIS		
Provision of writing assistance, medicines, equipment, or administrative support	1				×		



The Work Under Consideration for Publication						
Туре	Na	STEED SHAPE OF THE SHAPE OF	Money to Your Institution*	Name of Entity	Comments**	
7. Other						AUB X 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.

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	D				X THE RESERVE VIOLENCE OF THE SECOND AND THE SECOND		
2. Consultancy	V				X		
3. Employment					×		
4. Expert testimony					X		
5. Grants/grants pending	9				× AD		
Payment for lectures including service on speakers bureaus					×		
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.



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)	d				ADD ×		
9. Royalties	d				ADD ADD		
Payment for development of educational presentations	9				×		
11. Stock/stock options	d				ADD ×		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	d				×		
13. Other (err on the side of full disclosure)				L.	ADD ×		
*This means money that your institution ** For example, if you report a consultance	received f cy above t	for your eff here is no r	orts. need to report tra	evel related to that consul	ATTACK TO SECOND		
Section 4					, wanten, X		

#### 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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Section 1. Identifying Inform	mation	
1. Given Name (First Name) SUSAN	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	nterventions in Primary Car	e to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you k 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				corphane	NIARA grant in 1990's	×	
2. Consulting fee or honorarium	Ø				ine terms	ADD X ADD	
Support for travel to meetings for the study or other purposes	1					×	
A. F F						ADD	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	9					×	
						ADD	
5. Payment for writing or reviewing the manuscript	Ø					×	
	,					ADD	
Provision of writing assistance, medicines, equipment, or administrative support	d					×	

The Work Under Consideration for Publication								
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
	1					ADD		
7. Other	T T					×		
						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	No	Money Paid to	Money to Your	Entity	Comments	
alphabetical order)		You	Institution*	<b>学图和主意</b> 《		
1. Board membership						100
2. Consultancy	1					A
						A
3. Employment	V					
	,					A
4. Expert testimony						100
	_/					A
5. Grants/grants pending						100
	,					A
5. Payment for lectures including service on speakers bureaus						- 88
						A
7. Payment for manuscript preparation	1					

<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 outside the submitted 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)	V					×		
	_/					ADD		
9. Royalties						×		
10. Payment for development of	1					ADD		
10. Payment for development of educational presentations						×		
	1					ADD		
11. Stock/stock options	V					X		
12 7 1/	1 2					ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	D					×		
	1					ADD		
13. Other (err on the side of full disclosure)	A					×		
						ADD		
* This means money that your institution	received	for your eff	orts.					

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?
No other rel	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. urnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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<sup>\*\*</sup> 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 Inform	nation	
1. Given Name (First Name) GLENN BUSINESS	2. Surname (Last Name)	3. Effective Date (07-August-2008)  Corresponding Author's Name
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	terventions in Primary Care	e to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you ki N/A	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							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	9					X ADD	
2. Consulting fee or honorarium	9					X ADD	
Support for travel to meetings for the study or other purposes	3					×	
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD X	
5. Payment for writing or reviewing the manuscript	9					ADD X	
Provision of writing assistance, medicines, equipment, or administrative support	9					ADD X	

The Work Under Consideration for Publication							
Туре	No	Paid	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	9				X		
2. Consultancy	4				ADD X		
3. Employment	9				×		
4. Expert testimony	4				ADD X		
5. Grants/grants pending	4				×		
Payment for lectures including service on speakers bureaus	9				ADD ×		
7. Payment for manuscript preparation	d				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 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)	9					×		
	1					ADD		
9. Royalties	V					×		
	-					ADD		
10. Payment for development of educational presentations	9					×		
	1					ADD		
11. Stock/stock options	9					×		
12. Travel/accommodations/	1					ADD		
meeting expenses unrelated to activities listed**	9					×		
activities listed	1					ADD		
13. Other (err on the side of full disclosure)						×		
						ADD		
* This means money that your institution	received	for your eff	orts.					

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



Identifying Infor	mation		
1. Given Name (First Name) Glenn	2. Surname (Last Name) Flores		3. Effective Date (07-August-2008) 08-November-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Na Virginia Moyer	me
5. Manuscript Title Screening for Behavioral Counseling I	nterventions in Primary C	are to Reduce Alcohol Misuse	2
6. Manuscript Identifying Number (if you N/A	know it)	takini katu wa maa sa aa aa isaa ka k	

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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
					112	ADD
The second secon		5.555	5.000 <b>7 - 98.9</b> 88		*	
7. Other	V	6 5				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	Money to Your Institution*		ntity		Comments	
1. Board membership	V							×
A 1907 I (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)	- 0.30 Per - 2.00 Per - 0.00	Kalifornia (1980) - Albania (1984)						ADD
2. Consultancy	V							×
COLUMN TO THE PROPERTY OF THE	ern der eil er i für i.e. i entrefolieren						•	ADD
3. Employment	V							×
33 865 S.								ADD
4. Expert testimony	~							×
Annual State								ADD
5. Grants/grants pending	~							×
								ADD
6. Payment for lectures including service on speakers bureaus	V							×
service off speakers bulleaus								ADD
7. Payment for manuscript preparation	V							×

<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 ou	tside the s	ubmitt	ted work			
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*	Entity	Commen	
Patents (planned, pending or issued)						AD ×
9. Royalties						×
Payment for development of educational presentations						×
1. Stock/stock options						X
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	V				*	X
3. Other (err on the side of full disclosure)	V					> AD
* This means money that your institution ** For example, if you report a consulta	on received fo incy above th	or your ef ere is no	fforts. need to report t	ravel related to that cor	nsultancy on this line.	, AL
Section 4. Other relation	ships	III-14 - 4-7				
Are there other relationships or act potentially influencing, what you w	ivities that r vrote in the	eaders of submitte	could perceive ed work?	to have influenced, o	or that give the appe	arance of
No other relationships/condition						
At the time of manuscript acceptar On occasion, journals may ask auth	nce, journals nors to disclo	will ask ose furth	authors to con ner information	nfirm and, if necessar about reported rela	y, update their discletionships.	osure stateme

- Stem Etoes 11/08/12

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#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4 Other relationships.

Use this section to report 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.



1. Given Name (First Name)	Surname (Last Name)	3. Effective Date (07-August-200
Douglas	dwens	4/7/12
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
<ol> <li>Manuscript Title</li> <li>Screening for Behavioral Counseling In</li> </ol>	nterventions in Primary Care	re to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you k 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 Pub	lication	6 16 6	Maria Control		2779
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	9					ADD ×
Support for travel to meetings for the study or other purposes				Task Force		ADD ×
4. 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	1					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other						×				
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	submitt	ed work			NO COL
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership						× ADD
2. Consultancy	4					× ADD
3. Employment						×
4. Expert testimony						× ADD
5. Grants/grants pending	9					× ADE
Payment for lectures including service on speakers bureaus						×
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.



Relevant financial activities out	side the	submit	ted work		Harrie		
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>	9						×
9. Royalties	4						ADD
			S <del></del>				ADD
<ol> <li>Payment for development of educational presentations</li> </ol>							×
	/						ADD
11. Stock/stock options							×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**							ADD ×
13. Other (err on the side of full disclosure)							ADD ×
* This means money that your institution ** For example, if you report a consultance				avel rela	ited to that consulta	ncy on this line.	
Section 4. Other relationsh	ips						

Section 4.	Other relationships
	relationships or activities that readers could perceive to have influenced, or that give the appearance of dencing, what you wrote in the submitted work?
No other re	lationships/conditions/circumstances that present a potential conflict of interest
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
11 II 0 121	

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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Section 1.	Identifying Infor	mation	
1. Given Name ( H <mark>erzstein</mark>	First Name)	2. Surname (Last Nan Jessica	ne) 3. Effective Date (07-August-2008) 13-November-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Ti Screening for E		Interventions in Primary	Care to Reduce Alcohol Misuse
6. Manuscript Id	lentifying 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 Pub	lication		A Sa Calaba		
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					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>V</b>					×
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>	<b>V</b>					×
Production of the second of th						ADD
5. Payment for writing or reviewing the manuscript	<b>V</b>					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	<b>V</b>					×

The Work Under Consid	eration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other		<b>✓</b>	<b>✓</b>			×
						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	<b>V</b>			NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
	I married to	No.			
Consultancy	1				
Employment					
Expert testimony	1				
Grants/grants pending	1				
Payment for lectures including service on speakers bureaus	<b>V</b>				
Payment for manuscript preparation	<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	Money to Your	Entity	Comments	
alphabetical order)		You	Institution*			
8. Patents (planned, pending or						ADD
issued)	✓					×
9. Royalties						ADE X
s. noyalities	1					ADE
0. Payment for development of	<b>V</b>					×
educational presentations						ADE
Stock/stock options	1					×
						/A(D)
2. Travel/accommodations/ meeting expenses unrelated to			П			×
activities listed**			Water Control			ADI
3. Other (err on the side of full						E945
disclosure)	1					×
* This means money that your institution	va cali va d	forvour	forte			ADD
* For example, if you report a consultan				el related to that consu	Itancy on this line.	
Section 4. Other relations						

✓ 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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I. Given Name (First Name) David	<ol><li>Surname (Last Name)</li><li>Grossman</li></ol>	3. Effective Date (07-August-2008 08-November-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling I	nterventions in Primary C	are to Reduce Alcohol Misuse

#### 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 Wo	rk Under Consideration f	or Pub	lication		<b>网络</b>		
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		×					X ADD
2. Consu	lting fee or honorarium	K					X ADD
	rt for travel to meetings for dy or other purposes						X ADD
activiti boards	or participation in review es such as data monitoring s, statistical analysis, end committees, and the like	M					X
and the second s	ent for writing or reviewing anuscript						X ADD
medic	ion of writing assistance, ines, equipment, or istrative support	<b>X</b>					×



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	X					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						×		
2. Consultancy	$\boxtimes$					ADD ×		
3. Employment	X					X		
4. Expert testimony	₩.					X ADD		
5. Grants/grants pending	X					X ADD		
6. Payment for lectures including service on speakers bureaus						X		
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.



Relevant financial activities outs	ide the	submitt Money	ed work Money to			
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
9. Patents (alamad panding or						ADD
Patents (planned, pending or issued)	X					X ADD
9. Royalties	X					X
						ADD
10. Payment for development of educational presentations						×
	- Ferman					ADD
11. Stock/stock options	X					X ADD
12. Travel/accommodations/						×
meeting expenses unrelated to activities listed**	X					ADD
13. Other (err on the side of full	X					×
disclosure)						ADD
* This means money that your institution ** For example, if you report a consultant	received	for your ef	forts.	ravel related to that consul	tancy on this line	
** For example, if you report a consultant	cy above	there is no	need to report t	raver related to triat corrison	tuney on this inter	
Section 4. Other relations						
Other relations  Are there other relationships or activ		t roadors o	rould perceive	to have influenced or th	nat give the appearance o	f
potentially influencing, what you wro	ote in th	e submitte	ed work?	to have illindericed, or ti	iat give the appearance o	
No other relationships/condition	s/circun	nstances th	nat present a p	otential conflict of intere	est	
Yes, the following relationships/o						
At the time of manuscript acceptance On occasion, journals may ask autho	e, journ rs to dis	als will ask close furth	authors to coner information	nfirm and, if necessary, unabout reported relation	pdate their disclosure stanships.	tements,
Hide All Ta	ble Ro	ws Checke	d No	SAVE		



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#### **Evaluation and Feedback**

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Section 1. Identifying Inform	nation	
1. Given Name (First Name)  Wavoa	2. Surname (Last Name)	3. Effective Date (07-August-2008) - パールター1ユ
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling Int	terventions in Primary Care	to Reduce Alcohol Misuse
Manuscript Identifying Number (if you kn     N/A		to reader meanormisuse

## 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	R					X ADD		
2. Consulting fee or honorarium						X ADD		
Support for travel to meetings for the study or other purposes	内					×		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	R					ADD X		
5. Payment for writing or reviewing the manuscript	甲					ADD X		
Provision of writing assistance, medicines, equipment, or administrative support	Image: Control of the					×		

The Work Under Consideration	for Pub	lication		NECES		
Type	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					
. Board membership										
2. Consultancy					A					
. Employment										
I. Expert testimony					A					
5. Grants/grants pending										
6. Payment for lectures including service on speakers bureaus										
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.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	を発生した。		
8. Patents (planned, pending or issued)	, to					ADD X		
9. Royalties	又					X ADD		
10. Payment for development of educational presentations	7					×		
11. Stock/stock options	果					ADD X		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	S					×		
13. Other (err on the side of full disclosure)	F					ADD X		
		150 120						

# 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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<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.

Section 1. Identifying Info	ormation	
1. Given Name (First Name)  Mehael	2. Surname (Last Name) Le Fev5C	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling	g Interventions in Primary Car	e to Reduce Alcohol Misuse
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 for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	P					X ADD		
2. Consulting fee or honorarium	中					× ADD		
3. Support for travel to meetings for the study or other purposes	4					×		
4. Fees for participation in review						ADD		
activities such as data monitoring boards, statistical analysis, end point committees, and the like	中					×		
5. Payment for writing or reviewing	A					ADD		
the manuscript	4					ADD		
Provision of writing assistance, medicines, equipment, or administrative support						×		

The Work Under Considera	tion for Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Other						AG X
* This means money that your inst			orts on this study	<i>I</i> .		AD
* This means money that your list  ** Use this section to provide any			orts on this study			

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 th	e 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	4					ADD X ADD
3. Employment	中					X ADD
4. Expert testimony	P					X ADD
5. Grants/grants pending						X ADD
Payment for lectures including service on speakers bureaus	P					X
7. Payment for manuscript preparation						×

Relevant financial activities outs	ide the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
DESCRIPTION OF THE PROPERTY OF						ADD
Patents (planned, pending or issued)	P					×
9. Royalties	h		П			ADD
						ADD
10. Payment for development of educational presentations						×
11. Stock/stock options						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	P					ADD ×
13. Other (err on the side of full disclosure)	4					ADD X
* This means money that your institution ** For example, if you report a consultance  Section 4. Other relationsh	y above t			avel related to that consult	ancy on this line.	ADD
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or th	at give the appearance	of
No other relationships/conditions	/circum	stances tha	at present a pe	otential conflict of intere	st	
Yes, the following relationships/co	ondition	s/circumst	ances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author						atements.
Hide All Tal	ole Row	s Checked	'No'	SAVE		



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**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 Info	rmation	
1. Given Name (First Name) KIRSTEN	2. Surname (Last Name) Bibbins Downey	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No Corresponding Auth	hor's Name
5. Manuscript Title Screening for Behavioral Counseling	Interventions in Primary Care to Reduce Alcohol	Misuse
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	Ø					X ADD			
2. Consulting fee or honorarium	Ø					×			
Support for travel to meetings for the study or other purposes	M					ADD ×			
Fees for participation in review						ADD			
activities such as data monitoring boards, statistical analysis, end point committees, and the like	P					×			
						ADD			
5. Payment for writing or reviewing the manuscript	100					×			
6. Provision of writing assistance, medicines, equipment, or administrative support	₩ ₩					ADD X			

The Work Under Conside	eration 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.

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 DD		
2. Consultancy	A					X DD		
3. Employment	M					X DD		
4. Expert testimony	Ø					X DD		
5. Grants/grants pending	P					X DD		
Payment for lectures including service on speakers bureaus	<b>A</b>					×		
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.



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)	M				ADD ×			
9. Royalties	Ø				×			
Payment for development of educational presentations	Ø				ADD ×			
11. Stock/stock options	7				ADD X			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	P				×			
13. Other (err on the side of full disclosure)	Ø				ADD × 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? Wo 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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<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.

Section 1. Identifying Infor	mation	
1. Given Name (First Name)  Alell 4. Are you the corresponding author?	2. Surname (Last Name)  Yes No Corresponding Author Virginia Moyer	3. Effective Date (07-August-2008)  \[ \left( - 12 \)  or's Name
5. Manuscript Title Screening for Behavioral Counseling In 6. Manuscript Identifying Number (if you IN/A)  N/A	nterventions in Primary Care to Reduce Alcohol M	Misuse

#### 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	9					X ADD	
2. Consulting fee or honorarium	9					X ADD	
3. Support for travel to meetings for the study or other purposes	9					X ADD	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	7					×	
5. Payment for writing or reviewing the manuscript	d					X	
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	0				THE PARTY AND A		
2. Consultancy	9				AD ×		
. Employment							
. Expert testimony	9				AD ×		
. Grants/grants pending	4						
. Payment for lectures including service on speakers bureaus	9				AE		
. 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.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Patents (planned, pending or issued)	9					×	
	-	/_				ADD	
9. Royalties	9					X	
10. Payment for development of	_/					ADD	
educational presentations	1					×	
						ADD	
11. Stock/stock options						× ADD	
12. Travel/accommodations/	_/	/				1575	
meeting expenses unrelated to activities listed**	9					×	
						ADD	
13. Other (err on the side of full disclosure)						×	
						ADD	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	cionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
At the time of ma	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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<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.

Section 1. Identifying Inform	nation	
1. Given Name (First Name)  Trucky  4. Are you the corresponding author?	2. Surname (Last Name)  (Yes No	3. Effective Date (07-August-2008)  L/LE/TZ  Corresponding Author's Name  Virginia Moyer
<ul><li>5. Manuscript Title</li><li>Screening for Behavioral Counseling In</li><li>6. Manuscript Identifying Number (if you k N/A</li></ul>		e to Reduce Alcohol Misuse

## 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	W					X ADD	
2. Consulting fee or honorarium	Ø					X ADD	
Support for travel to meetings for the study or other purposes	P					X	
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	母					×	
5. Payment for writing or reviewing the manuscript	Z					ADD X	
Provision of writing assistance, medicines, equipment, or administrative support	4					ADD ×	

The Work Under Consideration for Publication							
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		
ME CONTRACTOR OF THE CONTRACTO						ADD	
7. Other	力					×	
						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	Ø				× ADD	
2. Consultancy	R				X	
3. Employment					×	
4. Expert testimony	足				X ADD	
5. Grants/grants pending	4				×	
6. Payment for lectures including service on speakers bureaus					ADD X	
7. Payment for manuscript preparation	R				×	

<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	ted work		garage		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	DZ.					ADD ×	
9. Royalties	A					ADD X	
Payment for development of educational presentations	4					×	
11. Stock/stock options	Ø.					ADD X ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	中					×	
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				ravel related to that consul	tancy on this line.	Minima	
Section 4. Other relationsh	nips			Tu	who has	(0	
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 Ta	Hide All Table Rows Checked 'No' SAVE						



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Section 1. Identifying Inform	mation	
1. Given Name (First Name)  MARK	2. Surname (Last Name) EBELL	3. Effective Date (07-August-2008) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	nterventions in Primary Car	e to Reduce Alcohol Misuse
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	Ø					X	
2. Consulting fee or honorarium						ADD X	
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						X ADD	
Payment for writing or reviewing the manuscript						×	
Provision of writing assistance, medicines, equipment, or administrative support	Ø					ADD X	

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		
. Board membership							
. Consultancy	Ø						
. Employment							
. Expert testimony	Ø						
5. Grants/grants pending	Ø						
5. Payment for lectures including service on speakers bureaus	Ø						
7. Payment for manuscript preparation	d						

<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 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	7					X
11. Stock/stock options	A					X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	4					×
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 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?
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	wing relationships/conditions/circumstances are present (explain below):
At the time of monoccasion, jou	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.

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Section 1. Identifying Information	
1. Given Name (First Name) Meluikou Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author? Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling Interventions in Primary Car	e to Reduce Alcohol Misuse
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							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	7					X ADD	
2. Consulting fee or honorarium	中					X ADD	
Support for travel to meetings for the study or other purposes	4					×	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	4					ADD X	
5. Payment for writing or reviewing the manuscript	4					×	
Provision of writing assistance, medicines, equipment, or administrative support	4					ADD ×	

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

<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	Your	Entity	Comments	
		You	Institution*		A	ADD
Patents (planned, pending or issued)	中					×
						ADD
9. Royalties	P					×
10. Dayment for development of						ADD
10. Payment for development of educational presentations	甲					×
	1				100	ADD
11. Stock/stock options	4				100	X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	4					×
						ADD
13. Other (err on the side of full disclosure)	中					×
	- 100					ADD

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?
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.  Irnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

<sup>\*\*</sup> 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)	3. Effective Date (07-August-20
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title		
Screening for Behavioral Counseling I	nterventions in Primary Care	e to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you N/A	mow it)	

## 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	Na	Money Pald	Money to Your	Name of Entity	Comments**
1. Grant	0	Ato You	Institution*		×:
2. Consulting fee or honorarium	9				
Support for travel to meetings for the study or other purposes				Task Force	ADD X
<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	1				A OB
Provision of writing assistance, medicines, equipment, or administrative support	1				ADD



The Work Under Consider	ation for Pub	lication				The state of the
Туре	Na	STEED SHAPE OF THE SHAPE OF	Money to Your Institution*	Name of Entity	Comments**	
7. Other						AUB X ADL

#### 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	D				X THE RESERVE VIOLENCE OF THE SECOND AND THE SECOND			
2. Consultancy	V				X			
3. Employment					X AD			
4. Expert testimony					X			
5. Grants/grants pending	9				× AD			
Payment for lectures including service on speakers bureaus					×			
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.



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)	d				ADD ×			
9. Royalties	d				ADD ADD			
Payment for development of educational presentations	9				×			
11. Stock/stock options	d				ADD ×			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	d				×			
13. Other (err on the side of full disclosure)				L.	ADD ×			
*This means money that your institution ** For example, if you report a consultance	received f cy above t	for your eff here is no r	orts. need to report tra	evel related to that consul	ATTACK TO SECOND			
Section 4					, wanten, X			

#### 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.

Danglin Over &

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Section 1. Identifying Inform	mation							
1. Given Name (First Name) SUSAN	2. Surname (Last Name)	3. Effective Date (07-August-2008)						
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer						
5. Manuscript Title Screening for Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse								
6. Manuscript Identifying Number (if you k 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				corphane	NIAAA gient in 1990's	×			
2. Consulting fee or honorarium	Ø				inc 1170 s	ADD X ADD			
Support for travel to meetings for the study or other purposes	1					×			
A. F F						ADD			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	9					×			
						ADD			
5. Payment for writing or reviewing the manuscript	Ø					×			
	,					ADD			
Provision of writing assistance, medicines, equipment, or administrative support	d					×			

The Work Under Consideration for Publication								
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
	1					ADD		
7. Other	T T					×		
						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	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	1					×
2. Consultancy	1					ADD X
3. Employment	9					×
4. Expert testimony	1					ADD X
5. Grants/grants pending	d					ADD X
Payment for lectures including service on speakers bureaus	Ø					ADD X
7. Payment for manuscript preparation	d					ADD X

<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 outside the submitted 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)	4					×
	_/					ADD
9. Royalties						×
	,					ADD
10. Payment for development of educational presentations						×
	1					ADD
11. Stock/stock options	V					×
	-					ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	D					×
	,					ADD
13. Other (err on the side of full disclosure)	A					×
						ADD
* This means money that your institution	received	for your eff	orts.			

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?
No other rel	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. urnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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<sup>\*\*</sup> 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 Inform	nation	
1. Given Name (First Name) GLENN BURGER	2. Surname (Last Name)	3. Effective Date (07-August-2008)  Corresponding Author's Name
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	terventions in Primary Care	e to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you ki N/A	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						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	9					×
2. Consulting fee or honorarium	9					ADD X ADD
Support for travel to meetings for the study or other purposes	9					X
4. 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	9					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support	9					ADD ×

The Work Under Consideration for Publication							
Туре	No	Paid	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	9				X	
2. Consultancy	4				ADD X	
3. Employment	9				×	
4. Expert testimony	4				ADD X	
5. Grants/grants pending	4				×	
Payment for lectures including service on speakers bureaus	9				ADD	
7. Payment for manuscript preparation	9				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 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)	9					×
						ADD
9. Royalties	V					×
	-					ADD
10. Payment for development of educational presentations	9					×
	1					ADD
11. Stock/stock options	9					×
12. Travel/accommodations/	1					ADD
meeting expenses unrelated to activities listed**	9					×
activities listed	1	1				ADD
13. Other (err on the side of full disclosure)						×
						ADD
* This means money that your institution	received	for your eff	orts.			

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



#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

#### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### Other relationships.

Use this section to report 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.



Section 1. Identifying Infor	mation	
Given Name (First Name)     Albert	2. Surname (Last Name) Siu	3. Effective Date (07-August-2008) 15-January-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	nterventions in Primary Ca	re to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you l N/A	know it)	3

#### 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 Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments <sup>xx</sup>	

<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.



evant financial activities o	utside th	e submit	ted 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 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?
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements urnals may ask authors to disclose further information about reported relationships.

Show All Table Rows

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Evaluation and Feedback

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

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

Section 1. Identifying Inform	nation	
Given Name (First Name) Linda	2. Surname (Last Name) Baumann	3. Effective Date (07-August-2008) 15-January-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Screening for Behavioral Counseling In	terventions in Primary Care	e to Reduce Alcohol Misuse
6. Manuscript Identifying Number (if you ki N/A	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 Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
2. Consulting fee or honorarium	<b>√</b>					2
3. Support for travel to meetings for the study or other purposes	<b>√</b>					×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</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>	<b>✓</b>					×
BAR NZAPIT T					1	*ECNAVI

The Work	Under Con	sideration	for Pub	olication				
	Туре		No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other					25.00%			ADD × 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 th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	1					×
2. Consultancy	<b>V</b>					ADD ×
3. Employment	1					X
4. Expert testimony	<b>V</b>					ADD X
5. Grants/grants pending	<b>V</b>					X X
Payment for lectures including service on speakers bureaus	<b>V</b>					X
7. Payment for manuscript preparation	V					ADD X

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<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 th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)		. 🗆				AOD X
9. Royalties	<b>/</b>					ADD
Payment for development of educational presentations						ADD X
11. Stock/stock options						****
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					<u> </u>
13. Other (err on the side of full disclosure)	<b>V</b>					ADD ×
* This means money that your institution ** For example, if you report a consultant				vel related to that consulta	ncy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activity potentially influencing, what you wro	ities that ote in the	readers co submitted	ould perceive to d work?	have influenced, or that	t give the appearance o	of
No other relationships/conditions Yes, the following relationships/c					t	
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	ls will ask a lose furthe	authors to confi er information a	rm and, if necessary, upo bout reported relationsh	late their disclosure sta lips.	tements.



Section 1. Identifying Inform	nation		
Given Name (First Name)     Michael	2. Surname (Last Name) Pignone		3. Effective Date (07-August-2008) 25-April-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nam Virginia Moyer	
5. Manuscript Title Screening and Behavioral Counseling	Interventions in Primary C		
6. Manuscript Identifying Number (if you k	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		terests,		
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Gomments**	
1. Grant	V					X A(d)d)
2. Consulting fee or honorarium	Ø					X) Aldibi
3. Support for travel to meetings for the study or other purposes	V					ADIO
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	d	-				X
5. Payment for writing or reviewing the manuscript	d					(* 12.
Provision of writing assistance, medicines, equipment, or administrative support	d					

The Work Under Consider	ation for Publication	i a si ki ki a kii di			
Туре	No Paid to You	Your	Name of Entity	Comments**	
7. Other	d 0				(4(e)e) 

#### 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	e submitt	ed work	14 Jan 1994 A		
Type of Relationship (in alphabetical order)	No	Paidto	Money to Your Unstitution	Entity	Comments	
1. Board membership	Ø					×
2. Consultancy						A(9)D) X
3. Employment						160 <b>(</b> 16)
4. Expert testimony	Ø					7ADD) 28
5. Grants/grants pending						
6. Payment for lectures including service on speakers bureaus						
7. Payment for manuscript preparation						4(0)0) 3×3

<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.



Relevant financial activities out	side the	submit	ted work	an contract of the measure the state of the first and the state of the		
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments	
8. Patents (planned, pending or issued)						X   X   X   X   X   X   X   X   X   X
9. Royalties						Aldid
10. Payment for development of educational presentations			Acquire			(Alolo)
11. Stock/stock options						(A(B)B) 
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						, X
13. Other (err on the side of full disclosure)						(V) 516 y
* This means money that your institution  ** For example, if you report a consultance				vel related to that consult	ancy on this line.	7.1000
Section 4. Other relationsh	iips					
Are there other relationships or activi potentially influencing, what you wro				have influenced, or the	at give the appearance o	of
No other relationships/conditions	s/circums	stances th	nat present a pot	ential conflict of interes	st	

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):

GAVI:



1. Given Name (First Name) William	Surname (Last Name)     Phillips		3. Effective Date (07-August-2008) 25-April-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Virginia Moyer	me
5. Manuscript Title Screening and Behavioral Counseling	Interventions in Primary	Care to Reduce Alcohol Misus	e

#### 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	<b>V</b>					×		
						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>	<b>V</b>					×		
						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>					×		
						ADD		
5. Payment for writing or reviewing the manuscript	<b>V</b>					×		
						ADD		
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×		



Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<b>V</b>					AD

#### 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	<b>V</b>				
2. Consultancy	<b>V</b>				
3. Employment	<b>V</b>				
4. Expert testimony	<b>V</b>				
i. Grants/grants pending	<b>V</b>				
5. Payment for lectures including service on speakers bureaus	<b>V</b>				
. Payment for manuscript preparation	<b>V</b>				

that your institution received for your efforts on this study.

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



Type of Relationship (in		Money	Money to			
alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	<b>V</b>					×
P2 Section 1 december 10 mars						ADD
9. Royalties	1	U				×
10.0						ADD
Payment for development of educational presentations	<b>/</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
· · · · · · · · · · · · · · · · · · ·						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					×
						ADD
<ol> <li>Other (err on the side of full disclosure)</li> </ol>	<b>V</b>					×
						ADD

Section 4.	Other relationships
Are there other potentially influ	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rel	ationships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	owing 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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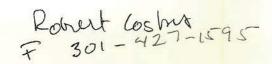
Y/27/2013

<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.

administrative support

Garcia





#### **ICMJE Form for Disclosure of Potential Conflicts of Interest**

"Add" button to add a row. Excess rows can be removed by clicking the "X" button.

. Given Name (First Name) rancisco	2. Surnar Garcia	ne (Last Name)	3. Effective Date (07-August-20) 25-April-2013
Are you the corresponding author?	Yes	✓ No	Corresponding Author's Name Virginia Moyer
i. Manuscript Title icreening and Behavioral Counseling	Intervention	ns in Primary Ca	re to Reduce Alcohol Misuse
5. Manuscript Identifying Number (if you			The state of the s
Section 2. The Work Under		tion for Publi	

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the

The Work Under Consideration for Publication Money Money to Paid Name of Entity Comments\*\* Your Type to You Institution\* 1. Grant 2. Consulting fee or honorarium 3. Support for travel to meetings for the study or other purposes AID) 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 6. Provision of writing assistance, medicines, equipment, or



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
7. Other						Adh X			
* This means money that your	institution received	d for your effe	orts on this study	у.		Birtheas			

#### 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	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	Ď					×			
2. Consultancy	4			18	A	ADD X ADD			
3. Employment	П	П		an markerale wearen park		×			
4. Expert testimony	\dagger{\begin{array}{c} \pi \\ \pi \end{array}}				A	ADD X			
5. Grants/grants pending	$\square$					×			
Payment for lectures including service on speakers bureaus	D				A	ADD X			
Payment for manuscript preparation	Þ					×			

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



Relevant financial activities ou	tside th	e submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	×				
9. Royalties	P			PROPERTY AND CONT. OF ARREST	
Payment for development of educational presentations	4				
11. Stock/stock options	Q				TANK A CHARLES CONTRACTOR
Travel/accommodations/ meeting expenses unrelated to activities listed**	Z				
13. Other (err on the side of full disclosure)	Þ				
* This means money that your institutio  ** For example, if you report a consultant  Section 4.  Other relations	ncy above	d for your ef there is no	forts. need to report	travel related to that cor	nsultancy on this line.
Are there other relationships or acti potentially influencing, what you w				to have influenced, o	r that give the appearance o
No other relationships/condition Yes, the following relationships/					
At the time of manuscript acceptan On occasion, journals may ask authorized	ce, Journ ors to dis	als will ask sclose furth	authors to co ner information	nfirm and, if necessary a about reported relat	y, update their disclosure stationships.
Hide All T	able Ro	ws Checke	ed 'No'	SAVE	



Section 1.	Identifying Infor	mation		
1. Given Name (Fire		2. Surname (Last Name)  Moy E	3	8. Effective Date (07-August-2008)
4. Are you the corre	esponding author?	Yes No	Corresponding Author's Name Virginia Moyer	e
5. Manuscript Title Screening for Beh		nterventions in Primary Care	e to Reduce Alcohol Misuse	
6. Manuscript Iden N/A	tifying 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	ication		<b>"就是这个多点。"李儿</b>	\$18.45 \$175.45 A	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						×
						ADD
2. Consulting fee or honorarium						×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>				NSPSTE		×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	V					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	7					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	d					×



The Work Under Consideration for Publication								
Т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
			/	42	*		ADD	
7. Other			W.				×	
							ADD	

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Relevant financial activities out	side the	submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	U				×
2. Consultancy					AC X
3. Employment					×
4. Expert testimony					AC ×
5. Grants/grants pending	9				AD
Payment for lectures including service on speakers bureaus	d				AD
7. Payment for manuscript preparation					AC

<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 outside the submitted 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)	9					×
	1					ADD
9. Royalties						×
Payment for development of educational presentations						ADD ×
						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 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	No. 1				1 10 10
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						



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