Section 1. Identifying Inform	nation								
 Given Name (First Name) VIRGINIA Are you the corresponding author? 	2. Surname (Last Name) MOYCH ✓ Yes No	3. Effective Date (07-August-2008)							
5. Manuscript Title Primary Care Behavioral Interventions to Reduce Illicit or Nonmedical Prescription Drug Use in Children and Adolescents									
6. Manuscript Identifying Number (if you ki	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						×. ADD		
2. Consulting fee or honorarium						X ADD		
Support for travel to meetings for the study or other purposes		U				*		
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						ADD ×		
the manuscript	_		_			ADD		
Provision of writing assistance, medicines, equipment, or administrative support	U							

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

^{*} 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.

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

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

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

Section 4. Other relationships

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

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

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

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

SAVE

MACE All Table Rows Gheered No?

SAVE

^{*} 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.

Evaluation and Feedback

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

Section 1. Identifying Info	rmation	
1. Given Name (First Name) VIRGINIA 4. Are you the corresponding author?	2. Surname (Last Name) MOY ← ← Yes No	3. Effective Date (07-August-2008)
5. Manuscript Title Primary Care Behavioral Intervention	ns to Reduce Illicit or Nonmedical Prescript	tion Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you	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						×			
2. Consulting fee or honorarium						ADD % ADD			
3. Support for travel to meetings for the study or other purposes		7				(A) (D) (D)			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						**			
5. Payment for writing or reviewing the manuscript						ADD × ADD			
Provision of writing assistance, medicines, equipment, or administrative support	U					×			

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
12		,	A COUNTY BACK OF THE PARTY OF T			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					ADD ADD		
4. Expert testimony						X ADD		
5. Grants/grants pending	4					* .		
Payment for lectures including service on speakers bureaus	1					ADD X		
7. Payment for manuscript preparation	To S					ADD %		

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

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

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

Section 4. Other relationships

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

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

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

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

Lette All Table Rows Checked No. SAVE

11-7

^{*} 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.

Evaluation and Feedback

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

Section 1. Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008) リルタ この ろ
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Behavioral Interventions	to Reduce Illicit or Nonmed	dical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration for Publication									
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant			WHEN AREA COLOR AND			X ADIO			
2. Consulting fee or honorarium						ADD			
3. Support for travel to meetings for the study or other purposes						× ADD			
 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	4					×			
 Provision of writing assistance, medicines, equipment, or administrative support 	V					ADD ×			

The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other						- A1818 - A1812

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	V				X }			
2. Consultancy				·	ADS			
3. Employment	4							
4. Expert testimony	4				ADD			
5. Grants/grants pending					ADD			
Payment for lectures including service on speakers bureaus	9				ADD X			
7. Payment for manuscript preparation					ADD ×			

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

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

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

Hide All Table Rows Checked 'No'

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?
Mo 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.

^{*} 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.

Evaluation and Feedback

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

Section 1. Identifying Inform	nation		
 Given Name (First Name) Jessicolog Are you the corresponding author? 	2. Surname (Last Name) Yes No	Corresponding Author's Na Virginia Moyer	3. Effective Pate (07-August-2008) 17 8 (13) me
5. Manuscript Title Primary Care Behavioral Interventions		ical Prescription Drug Use	in Children and Adolescents
6. Manuscript Identifying Number (if you k	now it)		

Section 2. The Work Under Consideration for Publication

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

The Work Under Consideration f	or Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	9					
2. Consulting fee or honorarium	ŗ)					
Support for travel to meetings for the study or other purposes	4	′ 🗌				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						Alata
5. Payment for writing or reviewing the manuscript	U					
Provision of writing assistance, medicines, equipment, or administrative support						

The Wor	k Under Considerat	ion for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	Daniel Carlos Ca Carlos Carlos Carlos Carlos Ca Ca Carlos Ca Carlos Ca Ca Carlos Ca Ca Carlos Ca Ca Ca Ca C
7. Other						mortineering control of the control	

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								
3. Employment								
4. Expert testimony								
5. Grants/grants pending	A							
Payment for lectures including service on speakers bureaus				·				
7. Payment for manuscript preparation								

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

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

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
	i				
. Patents (planned, pending or issued)					
. Royalties					
Noyuncs					
Payment for development of educational presentations	P)				
. Stock/stock options					
. Travel/accommodations/					
meeting expenses unrelated to activities listed**					
B. Other (err on the side of full disclosure)	M				
disclosure)		_	<u> </u>		

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.

AT Gale Rows Check

or example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Evaluation and Feedback

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

Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Dougle 5	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 Primary Care Behavioral Interventions t	o Reduce Illicit or Nonmedi	cal Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you ki	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	Ø					X		
2. Consulting fee or honorarium	X							
3. Support for travel to meetings for the study or other purposes		X		USPSTF		A)) 9		
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	4					ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 						Page 1		

The Work	Under Considera	ation for Pub	lication				
	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		^					A. a. s.

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		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	X				1012
2. Consultancy	A				
3. Employment	K				23-12
4. Expert testimony					
5. Grants/grants pending					
Payment for lectures including service on speakers bureaus	\mathbb{Z}				
Payment for manuscript preparation					

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

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

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
Patents (planned, pending or issued)	K			TOTAL COMMENT OF THE STATE OF T		ADD X		
9. Royalties	K					0.0		
10. Payment for development of educational presentations	R					A()10		
11. Stock/stock options						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						7		
13. Other (err on the side of full disclosure)						ADID X		
* This means money that your institution ** For example, if you report a consultan	received cy above	for your eff there is no r	orts. need to report trave	l related to that consul	tancy on this line.			

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? To 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

Evaluation and Feedback

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

Section 1. Identifying Inform	ation	
1. Given Name (First Name)	2. Surname (Last Name) PIGNOWE	3. Effective Date (07-August-2008) (パップ 7, 2013
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Behavioral Interventions to	o Reduce Illicit or Nonmed	lical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kr	ow 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				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant						X ADD
2. Consulting fee or honorarium	V					ATI
Support for travel to meetings for the study or other purposes	Ø					A 315
 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	d					
Provision of writing assistance, medicines, equipment, or administrative support	d					

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

Section 3. Relevant financial activities outside the submitted work.

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

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership					X		
2. Consultancy	Ø						
3. Employment	I						
4. Expert testimony							
5. Grants/grants pending	V						
Payment for lectures including service on speakers bureaus					Alba-		
7. Payment for manuscript preparation	Ø						

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

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

Type of Relationship (in		Money	Money to		
alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments
. Patents (planned, pending or issued)	d				n 400 GP AS LOWER COUNTY OF THE CONTROL OF THE CONT
. Royalties					
Payment for development of educational presentations	Ø				
I. Stock/stock options					
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	\checkmark				
3. Other (err on the side of full disclosure)					
This means money that your institution * For example, if you report a consultance	received cy above	for your eff there is no i	orts. need to report travel	related to that consul	tancy on this line.
Section 4. Other relations	nips				
are there other relationships or activitionships or activition tentially influencing, what you wro	ities that ote in the	t readers co e submitte	ould perceive to had work?	ave influenced, or th	at give the appearance o
No other relationships/conditions	s/circum	stances th	at present a poten	itial conflict of intere	est
Yes, the following relationships/c	ondition	ns/circums	tances 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'

necked No SAVE

Evaluation and Feedback

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

Section 1. Identifying Inform	nation	
1. Given Name (First Name)	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 Primary Care Behavioral Interventions t	o Reduce Illicit or Nonm	edical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kr	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		CONTRACTOR OF STREET		nd Cabe stade of the Cabe stad		AĐĐ
2. Consulting fee or honorarium						ADD
3. Support for travel to meetings for the study or other purposes						4,819
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	P					
5. Payment for writing or reviewing the manuscript						Albib.
Provision of writing assistance, medicines, equipment, or administrative support						

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

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		AN EXPONENT CONTROL OF THE PARTY OF THE PART						
2. Consultancy					A			
3. Employment								
4. Expert testimony								
5. Grants/grants pending								
Payment for lectures including service on speakers bureaus								
Payment for manuscript preparation								

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

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

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)					
9. Royalties					
Payment for development of educational presentations					
1. Stock/stock options					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 					
3. Other (err on the side of full disclosure)					

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

May 1

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line,

Evaluation and Feedback

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

Section 1. Identifying Inform	ation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No Corresponding Au Virginia Moyer	thor's Name
5. Manuscript Title Primary Care Behavioral Interventions to	o Reduce Illicit or Nonmedical Prescription Di	rug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kn	ow 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	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		40-25 do 22-25 do 22				X ADD
2. Consulting fee or honorarium	P					Aldin.
3. Support for travel to meetings for the study or other purposes						Asjo.
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						A 330
5. Payment for writing or reviewing the manuscript						
 Provision of writing assistance, medicines, equipment, or administrative support 	+					

The Work Under Consideration	n for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	Image: Control of the				agency and not reviewed upon the large description of the second consistency of the second consi	

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					
. Consultancy	ф				
. Employment	ф				
. Expert testimony	4				
. Grants/grants pending					
. Payment for lectures including service on speakers bureaus					
. Payment for manuscript preparation					

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

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

Hide All Table Rows Checked 'No

Relevant financial activities out	side the	e submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	\bigoplus				ADD ×
9. Royalties	ф				ADE
Payment for development of educational presentations					Add
11. Stock/stock options	ф				ADJ X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**					ADD S
13. Other (err on the side of full disclosure)					ADA
* This means money that your institution ** For example, if you report a consultan				ivel related to that consu	Itancy on this line.
Section 4. Other valueione			- A	2 1 8 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Other relations					
Are there other relationships or active potentially influencing, what you wr				o nave influenced, or ti	nat give the appearance of
No other relationships/condition	s/circum	stances th	nat present a po	tential conflict of inter	est
Yes, the following relationships/o	condition	ns/circums	stances are pres	ent (explain below):	
At the time of manuscript acceptance On occasion, journals may ask autho					

Mar

Evaluation and Feedback

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

Section 1. Identifying Inform	nation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Behavioral Interventions t	o Reduce Illicit or Nonmed	ical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kr	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					
2. Consulting fee or honorarium					X X 515
3. Support for travel to meetings for the study or other purposes					Andre
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 administrative support	Ø				

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

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

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

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

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	4				
9. Royalties					
Payment for development of educational presentations					
1. Stock/stock options					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 					
3. Other (err on the side of full disclosure)					
This means money that your institution	received to	for your eff here is no r	orts. need to report trave	el related to that consul	tancy on this line.

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.

SHIMEAN Jable Rows Sherker No.

SAVE

Ma

Evaluation and Feedback

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

Section 1. Identifying Inform	ation	
1. Given Name (First Name) Wanda	2. Surname (Last Name) Nicholson	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Behavioral Interventions to	o Reduce Illicit or Nonmed	ical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kn	ow 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	Y				(A)
2. Consulting fee or honorarium	X				App
3. Support for travel to meetings for the study or other purposes	X				ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	X				*
5. Payment for writing or reviewing the manuscript	7				
Provision of writing assistance, medicines, equipment, or administrative support					

The Worl	k Under Considera	ation for Pub	lication	:			
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		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.

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

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

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

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	
8. Patents (planned, pending or issued)	7					ADD
9. Royalties	X					
10. Payment for development of educational presentations						
11. Stock/stock options	B					
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	K				4-5A 200-200-200-200-200-200-200-200-200-200	
13. Other (err on the side of full disclosure)						
* This means money that your institution ** For example, if you report a consultance	received :	for your eff here is no i	forts. need to report trav	rel related to that consulta	ncy on this line.	
					,	
Section 4. Other relations	nips					
Are there other relationships or activ potentially influencing, what you wro	ities that ote in the	readers co submitte	ould perceive to d work?	have influenced, or tha	t give the appearance of	
No other relationships/conditions	s/circums	stances th	at present a pote	ential conflict of interes	t	

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.

Pide All Table Roys Checked No.

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



W. Michols

Evaluation and Feedback

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

Section 1. Identifying Inform	nation	
1. Given Name (First Name) Adelíta	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 Primary Care Behavioral Interventions to	o Reduce Illicit or Nonmed	ical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kn	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		1 2000000000000000000000000000000000000				×		
2. Consulting fee or honorarium	4					×		
Support for travel to meetings for the study or other purposes						ADD X		
 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						ADD ×		
 Provision of writing assistance, medicines, equipment, or administrative support 	U					ADD ×		

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

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	Y				ADD X			
3. Employment					×			
4. Expert testimony					ADD:			
5. Grants/grants pending					ADD X			
Payment for lectures including service on speakers bureaus					ADD.			
7. Payment for manuscript preparation	9				Aple			

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

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

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

adelis & Conon

11/7/13

^{*} 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.

Evaluation and Feedback

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

Section 1. Identifying Inform	nation	
1. Given Name (First Name)	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 Primary Care Behavioral Interventions	to Reduce Illicit or Nonmed	lical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you k	now it)	

Section 2. The Work Under Consideration for Publication

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

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

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
7. Other	/	32.6 1	The state of the s						

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		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	Ø				
2. Consultancy	g				
3. Employment	I				
4. Expert testimony					ADE
5. Grants/grants pending	9				
Payment for lectures including service on speakers bureaus	U				
7. Payment for manuscript preparation	g				1.1615

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

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

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

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

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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of

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

Hide All Table Rows Checked 'No'

SAVE

Susa Cerry

Evaluation and Feedback

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

Section 1. Identifying Inform	nation	
1. Given Name (First Name)	2. Surname (Last Name) Lefeure	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Behavioral Interventions t	o Reduce Illicit or Nonmed	lical Prescription Drug Use in Children and Adolescents
6. Manuscript Identifying Number (if you kr	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 f	or Pub				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant				l.	No.
2. Consulting fee or honorarium					1212
3. Support for travel to meetings for the study or other purposes					
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	Z				
5. Payment for writing or reviewing the manuscript	Í				API
Provision of writing assistance, medicines, equipment, or administrative support	d				AD

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

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							
3. Employment							
4. Expert testimony							
5. Grants/grants pending	7						
Payment for lectures including service on speakers bureaus							
7. Payment for manuscript preparation	Ø						

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

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

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	
8. Patents (planned, pending or issued)						
9. Royalties						4010
Payment for development of educational presentations						
11. Stock/stock options						
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institution ** For example, if you report a consultance	received y above t	for your effo here is no n	orts. need to report trave	el related to that consulta	ncy on this line.	
Section 4. Other relationsh	ips					
Are there other relationships or activi potentially influencing, what you wro	ties that te in the	readers co submitted	ould perceive to he d work?	nave influenced, or tha	t give the appearance o	f
No other relationships/conditions Yes, the following relationships/co					t	

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.



Evaluation and Feedback

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

Section 1.	ldentifying Inform	nation		
1. Given Name (First	t Name)		e (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corre	sponding author?	Yes	√ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Primary Care Beha	vioral Interventions to	o Reduce III	icit or Nonmed	ical Prescription Drug Use in Children and Adolescents
6. Manuscript Identi	fying Number (if you kn	ow 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	olication			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant					Acida
2. Consulting fee or honorarium	ф				
3. Support for travel to meetings for the study or other purposes					X
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					
Provision of writing assistance, medicines, equipment, or administrative support					ADD X

		Money	Money to			
Type	No	Paid to You	Your Institution*	Name of Entity	Comments**	
7. Other	Р					# · · · · · · · · · · · · · · · · · · ·

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

^{**} 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)							ADD X
9. Royalties	ϕ						ADJ.
Payment for development of educational presentations	4			,			ADD
11. Stock/stock options							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12. Travel/accommodations/ meeting expenses unrelated to activities listed**							X
13. Other (err on the side of full disclosure)	#						X Add
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relational							
Other relationsh		t readers a					
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	ble Rov	Cartago	E'No'	SAVE			

Evaluation and Feedback

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