

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 six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Bouk 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Leah	Given Name (First Name)		2. Surname (Last Name) Bouk		3. Date 01-July-2016			
4. Are you the cor	responding author?	✓ Yes	No					
5. Manuscript Title "Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients" 6. Manuscript Identifying Number (if you know it) M16-0317								
Section 2.	The Work Under Co	onsideratio	n for Publication					
any aspect of the s statistical analysis,	ubmitted work (including	but not limited	d to grants, data moni		mmercial, private foundation, etc.) for esign, manuscript preparation,			
Section 3.	Relevant financial	activities ou	ıtside the submit	ted work.				
of compensation clicking the "Add	n) with entities as descri	bed in the ins port relationsh	tructions. Use one I	ine for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.			
Section 4.	Intellectual Proper	ty Patent	s & Copyrights					
Do you have any	patents, whether plan	ned, pending	or issued, broadly r	elevant to the work?	? ☐ Yes ✓ No			

Bouk 2



Section 5. Relationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Bouk has nothing to disclose.

Evaluation and Feedback

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Bouk 3



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Cathers 1



Section 1. Identifying Infor	mation	
Given Name (First Name) Lauretta	2. Surname (Last Name) Cathers	3. Date 15-April-2016
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Dr. Schwartz
5. Manuscript Title Validation of a brief substance use scre	eening and assessment too	l for primary care settings
6. Manuscript Identifying Number (if you k	now it)	
		-
Section 2. The Work Under 0	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Branc		
Intellectual Prope	rty Patents & Copyric	hts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Cathers 2



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Cushing 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Carol	rst Name)	2. Surname (Last Name) Cushing		3. Date 03-August-2016			
4. Are you the cor	responding author?	✓ Yes	No				
 5. Manuscript Title Performance of the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool for substance use screening in primary care patients 6. Manuscript Identifying Number (if you know it) 							
Section 2.	The Work Under Co	onsidera	tion for Publication				
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	t or services from a third party (government, c nited to grants, data monitoring board, study o Yes V				
Section 3.	Relevant financial	activities	outside the submitted work.				
of compensation clicking the "Add	ı) with entities as descri	bed in the port relatio	e to indicate whether you have financial re instructions. Use one line for each entity; onships that were present during the 36 Yes V	add as many lines as you need by			
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights				
Do you have any	patents, whether plan	ned, pendi	ing or issued, broadly relevant to the worl	☐ Yes ✓ No</th			

Cushing 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Royalties: Funds are coming in to you or your institution due to your patent

King 1



Section 1.	Identifying Inform	ation					
1. Given Name (First Name) Jacqueline		2. Surname (Last N King	ame)	3. Date 15-April-2016			
4. Are you the cor	responding author?	✓ Yes No	✓ Yes No				
	5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings						
6. Manuscript Ider M16-0317	ntifying Number (if you kn	now it)					
	L						
Section 2.	The Work Under Co	onsideration for	Publication				
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including etc.)? evant conflicts of intere	but not limited to greest? Yes	ants, data monitorin	g board, study	commercial, private foundation, etc.) for design, manuscript preparation,		
	but the appropriate info be removed by pressing	•	ou have more tha	n one entity p	oress the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other? C	omments		
				ma √ ser clin	ntract to provide data nagement and statistical analysis vices in support of multi-site sical trials conducted within the OA Clinical Trials Network (CTN)		
Section 3.	Relevant financial	activities outsid	e the submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes i i) with entities as descri I +" box. You should rep evant conflicts of intere	n the table to indic bed in the instructi port relationships the est? Yes ✓	ate whether you h ons. Use one line f nat were present c No	ave financial i	relationships (regardless of amount v; add as many lines as you need by is months prior to publication.		
Section 4.	Intellectual Proper	ty Patents & C	opyrights				
Do you have any	patents, whether plani	ned, pending or iss	ued, broadly releva	ant to the wor	rk? Yes 🗸 No		

King 2



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Ms. King reports other from null, during the conduct of the study; .

Evaluation and Feedback

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King 3



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Royalties: Funds are coming in to you or your institution due to your patent

McNeely 1



Section 1. Identifying Inform	ation			
Given Name (First Name) Jennifer	Surname (Last Name McNeely	e)		3. Date 24-April-2016
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Validation of the Tobacco, Alcohol, Pres screening and assessment in primary ca 6. Manuscript Identifying Number (if you kn M16-0317	re patients	nd other Substa	nce use (T <i>F</i>	APS) Tool for substance use
Section 2. The Work Under Co	onsideration for Pul	blication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?	ive payment or services fr	om a third party (s, data monitoring		
Are there any relevant conflicts of intered If yes, please fill out the appropriate info	ormation below. If you		one entity	press the "ADD" button to add a row.
Name of Institution/Company		Non-Financial Support?	Other?	Comments
NIH/NIDA Clinical Trials Network	V			ooperative grant award
NIH/NIDA	✓		K	23 career development award
Continu 2				
Section 3. Relevant financial	activities outside th	e submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions	. Use one line fo	or each enti	ity; add as many lines as you need by
Are there any relevant conflicts of intere	est? ☐ Yes 🕡 No	0		
Section 4. Intellectual Proper	ty Patents & Copy	rights		
Do you have any patents, whether plans	ned, pending or issued	, broadly releva	nt to the w	ork? ☐ Yes ✓ No

McNeely 2



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Dr. McNeely reports grants from NIH/NIDA Clinical Trials Network, and career development award (K23) grant from NIH/NIDA, during the conduct of the study.

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Nordeck 1



Section 1.	Identifying Inform	ation					
Given Name (First Name) Courtney		2. Surname (Last Name Nordeck)	3. Date 18-April-2016			
4. Are you the corresponding author?				onding Author's Name r McNeely, M.D.			
5. Manuscript Title Validation of a br		ening and assessment t	ool for primary care	settings			
6. Manuscript Iden	tifying Number (if you kn	now it)					
Section 2.	The Work Under Co	onsideration for Pub	olication				
any aspect of the su statistical analysis, of Are there any rele If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring board	nment, commercial, private d, study design, manuscript entity press the "ADD" bu	preparation,		
Name of Instituti	on/Company	Grant? Personal Fees?	Ion-Financial Support	Comments			
National Institute on [Orug Abuse	V					
Section 3.	Relevant financial	activities outside th	e submitted work	•			
of compensation) clicking the "Add Are there any rele	with entities as descri	bed in the instructions. port relationships that v	Use one line for eac vere present during	ancial relationships (regan to entity; add as many line the 36 months prior to	es as you need by		
Section 4.	Intellectual Proper	ty Patents & Copy	rights				
Do you have any	patents, whether planr	ned, pending or issued,	broadly relevant to	the work? Yes	No		

Nordeck 2



Section 5. Relationships not covered above
helationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disalogues Statement
Disclosure Statement
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Ms. Nordeck reports grants from National Institute on Drug Abuse, during the conduct of the study; .

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Nordeck 3



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 six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

O'Grady 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Kevin	rst Name)	2. Surname (Last O'Grady	Name)		3. Date 25-July-2016
4. Are you the cor	responding author?	Yes ✓ N	lo	Corresponding Author's Name	e
		rescription medic	ation, and	other Substance use (TAPS)) Tool for substance use
6. Manuscript Ide 16-0317	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration fo	r Publica	tion	
any aspect of the s statistical analysis,	submitted work (including	but not limited to g		third party (government, comr monitoring board, study desi <u>c</u>	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outsid	de the su	bmitted work.	
of compensation clicking the "Add	the appropriate boxes in) with entities as descri	n the table to indi ibed in the instruc port relationships	icate whet tions. Use	her you have financial relati	ionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents <u>&</u> (Copyrigh	its	
Do you have any				adly relevant to the work?	☐ Yes 🗸 No

O'Grady 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disclosure Statement
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Dr. O'Grady has nothing to disclose.

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O'Grady 3



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Russell 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Linnea			ne (Last Name)	3. Date 02-August-2016	
4. Are you the cor	responding author?	✓ Yes	No		
screening in prin		•	medication, and other Substance ι	se (TAPS) Tool for substar	nce use
	ı				
Section 2.	The Work Under Co	onsiderat	ion for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	t or services from a third party (governa ited to grants, data monitoring board, s es No		
Section 3.	Relevant financial	activities	outside the submitted work.		
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table bed in the port relatio	e to indicate whether you have finar instructions. Use one line for each e inships that were present during the (es No	ntity; add as many lines a	s you need by
Section 4.	Intellectual Proper	tv Date	nts & Convrights		
	intellectual Proper	ty rate	nts a copyrights		
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly relevant to the	e work? ☐ Yes ✓ No	D

Russell 2



Section 5. Relationships not severed above
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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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Russell has nothing to disclose.

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Schwartz 1



Section 1. Identifying Informa	ation			
identifying informa	ation			
Given Name (First Name) Robert	2. Surname (Last Nam Schwartz	ne)	3. Date 18-April-2016	
4. Are you the corresponding author?	Yes ✓ No	Correspondir Jennifer Mc	ng Author's Name :Neely, M.D.	
5. Manuscript Title Validation of a brief substance use scree	ning and assessment	tool for primary c	care settings	
6. Manuscript Identifying Number (if you known M16-0317	ow it)			
Section 2. The Work Under Co	nsideration for Pu	ublication		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to grans st? Yes 1 rmation below. If you	ts, data monitoring k No	government, commercial, private foundation, etc.) board, study design, manuscript preparation, one entity press the "ADD" button to add a ro	
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
National Institute on Drug ABuse	✓			
Continu 2				
Section 3. Relevant financial a	ctivities outside t	he submitted w	vork.	
of compensation) with entities as describ	oed in the instruction ort relationships that st?	s. Use one line for	re financial relationships (regardless of amou reach entity; add as many lines as you need b rring the 36 months prior to publication.	
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Reckitt Benckiser			My employer received reimbursement for my time for a one-time consultation on a project not related to the present manuscript.	

Schwartz 2



Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No Section 5. Relationships not covered above 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? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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Dr. Schwartz reports grants from National Institute on Drug ABuse, during the conduct of the study; his employer received reimbursement for his time on a one-time consultation from Reckitt Benckiser that was outside the submitted work; .

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Section 1.	Identifying Inform	ation				
1. Given Name (Fi Gaurav	rst Name)	2. Surnam Sharma	e (Last Nam	e)		3. Date 15-April-2016
4. Are you the cor	responding author?	Yes	✓ No	Correspon	ding Autho ∕IcNeely	r's Name
5. Manuscript Title Validation of a b	e rief substance use scree	ening and a	ssessment	tool for primary	ι care setti	ngs
6. Manuscript Ider M16-0317	ntifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsiderati	on for Pu	blication		
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limit	ted to grant:	s, data monitoring		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
If yes, please fill o	evant conflicts of intere out the appropriate info be removed by pressing	rmation be	low. If you		n one enti	ty press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
The Emmes Corporat	ion				✓	Contract to provide data management and statistical analysis services in support of multi-site clinical trials conducted within the NIDA Clinical Trials Network (CTN)
	ı					
Section 3.	Relevant financial	activities	outside tl	ne submitted	work.	
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the i oort relation	nstructions nships that	s. Use one line fo were present d	or each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pendin	ng or issued	l, broadly releva	ant to the	work? Yes 🗸 No



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Dr. Sharma reports other from The Emmes Corporation, during the conduct of the study; .

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Section 1.	Identifying Inform	nation			
1. Given Name (Fi Anjalee	rst Name)	2. Surname (Last Name Sharma)	3. Date 19-April-20	016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Jennifer McN	g Author's Name Ieely, M.D.	
5. Manuscript Title Validation of a b	e rief substance use scree	ening and assessment t	ool for primary ca	re settings	
6. Manuscript Ider M16-0317	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for Pul	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill of Excess rows can	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes No ormation below. If you I g the "X" button.	, data monitoring bo	vernment, commercial, pri pard, study design, manuso ne entity press the "ADD	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Support? Ot	ther Comments	
National Institute on	Drug Abuse	\checkmark			
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Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should repevant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	. Use one line for e were present duri D	financial relationships (each entity; add as manying the 36 months prio	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plani	ned, pending or issued,	broadly relevant	to the work? Yes	✓ No



Section 5. Relationships not covered above
helationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Ms. Sharma reports grants from National Institute on Drug Abuse, during the conduct of the study; .

Evaluation and Feedback

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Sleiter 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Luke	rst Name)	2. Surname (Last Name) Sleiter	3. Date 15-April-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Jennifer McNeely, MD, MS
5. Manuscript Title Validation of a b		ening and assessment too	for primary care settings
6. Manuscript Ider M16-0317	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Sleiter 2



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Section 6. Disclosure Statement
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Mr. Sleiter has nothing to disclose.

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Sleiter 3



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Royalties: Funds are coming in to you or your institution due to your patent

Subramaniam 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Geetha		2. Surname (Last Name) Subramaniam		3. Date
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Name
5. Manuscript Title Performance of the Tobacco, Alcohol, Prescription medication, and screening in primary care patient		d other Substance use (TAPS) Tool for substance use		
6. Manuscript Idea M16-0317	6. Manuscript Identifying Number (if you know it) M16-0317			
Section 2.	The Work Under Co	nsiderat	ion for Public	ation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No				
	ı			
Section 3.	Relevant financial	activities	outside the s	ubmitted work.
of compensation clicking the "Ado	n) with entities as descri	bed in the ort relatio	instructions. Use	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Pate	nts & Copyrig	hts
Do you have any	patents, whether planr	ned, pendi	ng or issued, bro	oadly relevant to the work? Yes V No

Subramaniam 2



Section F				
Section 5.	Relationships not covered above			
	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	Yes, the following relationships/conditions/circumstances are present (explain below):			
No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	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.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
(CCTN), Nation	nents: Geetha Subramaniam is an employee of the Center for the Clinical Trials Network and Institute on Drug Abuse (NIDA), which is the funding agency for the National Drug nent Clinical Trials Network; her participation in this publication arises from her role as a list on a cooperative agreement for this study			

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Svikis 1



Section 1. Identifyi	ng Information			
1. Given Name (First Name) Dace	2. Surname (Last Name) Svikis	3. Date 09-May-2016		
4. Are you the corresponding a	uthor? Yes 🗸 No	Corresponding Author's Name Jennifer McNeely		
5. Manuscript Title Validation of a brief substance use screening and assessment tool		ol for primary care settings		
6. Manuscript Identifying Numl	ber (if you know it)			
Section 2. The Work	CUnder Consideration for Publ	lication		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No				
Are there any relevant comm	ets of interest:			
Section 3. Polovent	C			
Relevant	financial activities outside the			
of compensation) with entiti	es as described in the instructions. l	thether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .		
Are there any relevant confli	<u> </u>	ere present during the 50 months prior to publication.		
Section 4. Intellectu	ıal Property Patents & Copyr	ights		
Do you have any patents, wh	nether planned, pending or issued, b	oroadly relevant to the work? Yes V No		

Svikis 2



Section 5. Relationships not sovered above
Relationships not covered above
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Wahle 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Aimee	2. Surname (Last Name) Wahle	3. Date 15-April-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jennifer McNeely	
5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings			
6. Manuscript Identifying Number (if you kn M16-0317	now it)		
Section 2			
Section 2. The Work Under Co	onsideration for Publi	cation	
	but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
•	ormation below. If you hav	ve more than one entity press the "ADD" button to add a row.	
Name of Institution/Company	Grant	on-Financial Other? Comments	
Emmes		Contract to provide data management and statistical analysis services in support of multi-site clinical trials conducted within the NIDA Clinical Trials Network (CTN)	
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	in the table to indicate wh ibed in the instructions. Us port relationships that we	nether you have financial relationships (regardless of amount lise one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .	
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Do you have any patents, whether plant	ned, pending or issued, bi	roadly relevant to the work? Yes V No	

Wahle 2



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Ms. Wahle reports other from Emmes, during the conduct of the study.

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WU 1



Section 1.	ldentifying Inform	nation		
1. Given Name (First Name) LI-TZY		2. Surname (Last Name WU	ne) 3. Date 15-April-2016	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title Validation of a brief substance use screening and assessment tool for primary care settings				
6. Manuscript Identifying Number (if you know it) M16-0317				
Section 2.				
Section 2.	The Work Under C	onsideration for Pu	ublication	
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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Other? Comments	
NIH		✓		
	l			
Section 3.	Relevant financial	activities outside th	he submitted work.	
of compensatior clicking the "Adc Are there any rel	n) with entities as descri I +" box. You should re evant conflicts of intere	ibed in the instructions port relationships that est? ☐ Yes ✓ N		
Section 4.	Intellectual Proper	rty Patents & Cop	yrights	
Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevant to the work? ☐ Yes ✓ No	

WU 2



Section 5. Relationships not severed above			
Relationships not covered above			
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WU 3