

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. 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.

#### 5. Relationships not covered above.

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.

#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mary Guerriero

2. Surname (Last Name)

Austron

3. Date

21-October-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christopher Callahan

5. Manuscript Title

"Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial"

6. Manuscript Identifying Number (if you know it)

M16-0830

### Section 2. The Work Under Consideration for Publication

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  No

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

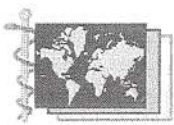
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships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

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No





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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. Austrom has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathleen

2. Surname (Last Name)  
Lane

3. Date  
24-October-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Christopher Callahan

5. Manuscript Title  
Targeting Functional Decline: Results from the Alzheimers Disease Multiple Intervention Trial

6. Manuscript Identifying Number (if you know it)  
M16-0830

### Section 2. The Work Under Consideration for Publication

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  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Lane reports grants from NIH, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Arlene	2. Surname (Last Name) Schmid	3. Date 16-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Callahan
5. Manuscript Title Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Schmid has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Denisha

2. Surname (Last Name)

Ferguson

3. Date

16-September-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

"Targeting Functional Decline: Results from the Alzheimers Disease Multiple Intervention Trial"

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Mrs. Ferguson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) LaMantia

3. Date 16-September-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Christopher Callahan

5. Manuscript Title Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial

6. Manuscript Identifying Number (if you know it) M16-0830

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck honorarium for American Geriatrics Society New Investigator Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I received a new investigator award from the American Geriatrics Society --- as part of this award, I received a travel honorarium to support my travel to the AGS annual meeting. This honorarium was provided by Merck but was administered by the American Geriatrics Society
Indiana Academy of Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I received an honorarium for speaking at the academy's winter meeting/CME event

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
I have intellectual property rights in a software package that is used to manage the care of older adults with dementia and late life depression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I do not believe that these intellectual property rights are relevant to the related work (but share them in the interest of full disclosure). These IP rights are managed by the Indiana University Research and Technology Corporation and have not resulted in any income for me to date.

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Dr. LaMantia reports grants from NIH, during the conduct of the study; other from Merck honorarium for American Geriatrics Society New Investigator Award, other from Indiana Academy of Family Practice, outside the submitted work; In addition, Dr. LaMantia has a patent I have intellectual property rights in a software package that is used to manage the care of older adults with dementia and late life depression. pending.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Malaz

2. Surname (Last Name)  
Boustani

3. Date  
19-September-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Preferred Population Health Management, LLC (ownership interest, consulting)  
Beacon Advisory Board, AstraZeneca (Honoraria, board member)

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### Section 6. Disclosure Statement

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Dr. Boustani reports and Preferred Population Health Management, LLC (ownership interest, consulting)  
Beacon Advisory Board, AstraZeneca (Honoraria, board member).

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sujuan	2. Surname (Last Name) Gao	3. Date 22-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial	_____	
6. Manuscript Identifying Number (if you know it) M16-0830	_____	

### Section 2. The Work Under Consideration for Publication

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  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Gao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Callahan

3. Date  
27-September-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial

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 (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.)?

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Dr. Callahan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) hugh	2. Surname (Last Name) hendrie	3. Date 19-October-2106
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Callahan
5. Manuscript Title Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. hendrie has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Douglas K.      2. Surname (Last Name) Miller      3. Date 25-October-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Targeting Functional Decline: Results from the Alzheimer's Disease Multiple Intervention Trial

6. Manuscript Identifying Number (if you know it)  
M160830 Callahan

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant #: R01 AG034946 (Callahan CM, PI). Not personal fees, non-financial support, etc. are not provided by this grant.

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

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Are there any relevant conflicts of interest?     Yes     No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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Dr. Miller reports grants from National Institute on Aging, during the conduct of the study; .

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