

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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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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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

Davis 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Karen	rst Name)	2. Surname (Last Name) Davis	3. Date 17-April-2019	
4. Are you the cor	you the corresponding author? Yes Yes Volume Jennifer Wolff			
5. Manuscript Title Medicare Spend Observational St	ing and the Adequacy	of Support With Daily Activ	vities in Community-Living Older Adults With Disability: An	
	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	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	n) with entities as descri	bed in the instructions. Us port relationships that wer	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	rty Patents & Copyrig	uhte	
Do you have any				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				

Davis 2



Section 5. Polationships not severed 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?
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.
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. Davis has nothing to disclose.

Evaluation and Feedback

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Wolff 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Jennifer	Surname (Last Name) Wolff		3. Date 02-January-2019
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Medicare Spending Among Community An Observational Study	y-Living Older Adults with	Disability and Adequa	cy of Support with Daily Activities:
6. Manuscript Identifying Number (if you kr M18-2467	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of interest			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one entit	y press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments
Commonwealth Fund	✓		
National Institute on Aging	✓		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should rep	bed in the instructions. U	se one line for each ent	tity; add as many lines as you need by
Are there any relevant conflicts of interest	est? Yes Vo		
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, bi	oadly relevant to the v	vork? Yes 🗸 No

Wolff 2



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Nicholas 1



Section 1. Identifying Inform	nation	
identifying inform	lation	
Given Name (First Name) Lauren	2. Surname (Last Name) Nicholas	3. Date 02-January-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jennifer Wolff
5. Manuscript Title Medicare Spending Among Communit An Observational Study	y-Living Older Adults with	Disability and Adequacy of Support with Daily Activities:
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under Co	onsideration for Public	ration
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes ✓ No	
Section 3. Polyvant financial		
Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us	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.
Are there any relevant conflicts of interes	· ·	e present during the 30 months prior to publication.
If yes, please fill out the appropriate info		
ii yes, pieuse iiii out the appropriate iiii	ormation below.	
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments
National Institute on Aging	✓	
Section 4. Intellectual Brono		
Intellectual Proper	rty Patents & Copyric	ints —
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Nicholas 2



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):			
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Dr. Nicholas reports grants from National Institute on Aging, outside the submitted work; .			

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

Kasper 1



Section 1. Ide	ntifying Information			
Given Name (First Nat Judith	me) 2. Surnar Kasper	ne (Last Name)		3. Date 18-January-2019
4. Are you the correspor	the corresponding author? Yes Vo		Corresponding Author's Name Jennifer L Wolff	
5. Manuscript Title Medicare Spending A An Observational Stud		der Adults with [Disability and Adequacy of	Support with Daily Activities:
6. Manuscript Identifyin	g Number (if you know it)			
Section 2. The	Work Under Considerate	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 No				
C (1) D				
Section 3. Rele	evant financial activities	outside the s	ubmitted 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				
Are there any relevant	. connicts of interest:	∕es ✓ No		
Section 4. Inte	ellectual Property Pate	nts & Copyrig	hts	
Do you have any pater	nts, whether planned, pendi	ng or issued, bro	padly relevant to the work?	☐ Yes 🗸 No

Kasper 2



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):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kasper has n	othing to disclose.

Evaluation and Feedback

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Kasper 3



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Willink 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name) Amber	2. Surname (Last Name) Willink		3. Date 04-January-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's	's Name	
5. Manuscript Title Medicare Spending Among Community An Observational Study	/-Living Older Adults with	Disability and Adequac	cy of Support with Daily Activities:	
6. Manuscript Identifying Number (if you kn M18-2467	ow it)	_		
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Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the	but not limited to grants, dates: Pest? Yes No Dormation below. If you have	ata monitoring board, stud	dy design, manuscript preparation,	
Name of Institution/Company	Grant	n-Financial Other?	Comments	
Commonwealth Fund		G	Grant Number 20171061	
Section 3. Polovant financial				
Relevant financial	activities outside the	submitted work.		
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Are there any relevant conflicts of interest? Yes No				
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant'	n-Financial Other?	Comments	
Anne Tumlinson Innovations	✓			
ustice in Aging				

Willink 2



Section 4. Intellectual Property Patents & Copyrights				
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Dr. Willink reports grants from Commonwealth Fund, during the conduct of the study; personal fees from Anne Tumlinson Innovations, personal fees from Justice in Aging, outside the submitted work; .				

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

Mulcahy 1



Section 1.	ldentifying Inform	ation				
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Mulcahy	e)		3. Date 02-January-2019	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Medicare Spending Among Community-Living Older Adults with Disability & Adequacy of Support with Daily Activities: An Observational Study						
6. Manuscript Ider M18-2467	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration for Pu	blication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grant			ommercial, private foundation, etc.) fo esign, manuscript preparation,	for
If yes, please fill o		rmation below. If you	have more tha	n one entity pr	ess the "ADD" button to add a rov	w.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial	Other? Co	mments	
National Institute on	Aging	✓				
Commonwealth Fund	d	✓				
Section 3.	Relevant financial	activities outside t	he submitted	l work.		
of compensation clicking the "Add) with entities as descri	bed in the instruction oort relationships that	s. Use one line i were present (for each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.	
Section 4.	Intellectual Proper	ty Patents & Cop	yrights			
Do you have any	patents, whether planr	ned, pending or issued	d, broadly relev	ant to the work	? Yes ✓ No	

Mulcahy 2



Section 5.	
Section 5.	Relationships not covered above
	elationships 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 follow	wing 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
Mr. Mulcahy report of the study.	orts grants from the National Institute on Aging, grants from the Commonwealth Fund, during the conduct

Evaluation and Feedback

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

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