

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.

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

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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stacy

2. Surname (Last Name)
Bailey

3. Date
01-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH funded five parent studies from which data for this study was collected

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Gordon and Betty Moore Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated

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Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Luto LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated

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. Bailey reports grants from National Institutes of Health during the conduct of the study; grants from Merck, grants and personal fees from Gordon and Betty Moore Foundation, grants from National Institutes of Health, grants from Eli Lilly, personal fees from Sanofi, personal fees from Pfizer, personal fees from Luto LLC, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Linder	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak		
6. Manuscript Identifying Number (if you know it) M20-1239		

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Dr. Linder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Pauline

2. Surname (Last Name)

Zheng

3. Date

01-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Michael Wolf, PhD

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)

M20-1239

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Ms. Zheng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
DANIELA

2. Surname (Last Name)
LADNER

3. Date
01-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbr

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Are there any relevant conflicts of interest? Yes No

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

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Dr. LADNER reports grants from NIDDK, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
O'Connor

3. Date
01-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Wolf

5. Manuscript Title
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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Curtis

3. Date

01-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael S Wolf

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)

M20-1239

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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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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Ms. Curtis 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)
Wolf

3. Date
01-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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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 Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH funded five parent studies from which data for this study was collected

Section 3. 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 information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Gordon and Betty Moore Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated

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Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated
Luto LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated

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Dr. Wolf reports grants from National Institutes of Health during the conduct of the study; grants from Merck, grants from Gordon and Betty Moore Foundation, grants from National Institutes of Health, grants from Eli Lilly, personal fees from Sanofi, personal fees from Pfizer, personal fees from Luto LLC, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Kwasny	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Wolf
5. Manuscript Title Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak		
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Dr. Kwasny 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)

Guisselle

2. Surname (Last Name)

Wismer

3. Date

01-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Wolf

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Julia

2. Surname (Last Name)
Yoshino Benavente

3. Date
03-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael S Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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Ms. Yoshino Benavente has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marina

2. Surname (Last Name)

Arvanitis

3. Date

01-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael S. Wolf

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)

M20-1239

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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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. Arvanitis 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)
Marina

2. Surname (Last Name)
Serper

3. Date
01-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael S. Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BioVie, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. Serper reports personal fees from BioVie, Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lauren

2. Surname (Last Name)

Opsasnick

3. Date

21-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)

M20-1239

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.

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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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Ms. Opsasnick 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)
Stephanie

2. Surname (Last Name)
Batio

3. Date
01-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael S. Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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
National Institute of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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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Ms. Batio reports grants from National Institute of Health, during the conduct of the study; .

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Morgan	2. Surname (Last Name) Eifler	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Wolf
5. Manuscript Title "Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak"		
6. Manuscript Identifying Number (if you know it) M20-1239		

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Andrea

2. Surname (Last Name)

Russell

3. Date

01-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Michael Wolf

5. Manuscript Title

Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the US outbreak

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

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Ms. Russell has nothing to disclose.

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

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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

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

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1. Given Name (First Name)
Theresa

2. Surname (Last Name)
Rowe

3. Date
02-April-2020

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

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Persell

3. Date
01-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael S. Wolf

5. Manuscript Title
Awareness, Attitudes and Actions related to COVID-19 among Adults with Chronic Conditions at the onset of the U.S. Outbreak

6. Manuscript Identifying Number (if you know it)
M20-1239

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Are there any relevant conflicts of interest? Yes No

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