Dat	e:_8/12/2021			
	r Name:Karina Pereira-Lir	na		
Mai	nuscript Title: Trends in D	epressive Symptoms and A	Associated Factors during Residency: 2007-2019	
Maı	Manuscript number (if known): M21-1594			
rela part	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment	
	ransparency and does not	•	If you are in doubt about whether to list a so.	
	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the current	
to t	•	nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.	
	em #1 below, report all sup time frame for disclosure is	•	l in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initia	Inlanning of the work	
1	All support for the present	X None	I planning of the work	
_	manuscript (e.g., funding,	_X None		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	25 months	
2	Grants or contracts from	_X None	Somontis	
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	_X None		

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X_ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
4.5	services		
13	Other financial or non- financial interests	X None	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	9/24/2021
Your Name:	Yu Fang
Manuscript Title:	Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019
Manuscript Number (if known):	M21-1594

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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision	\boxtimes	None	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group,				
	paid or unpaid				
11	Stock or stock options	\boxtimes	None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/13/2021
Your Name:	Srijan Sen
Manuscript Title:	Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019
Manuscript Number (if known):	M21-1594

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1	All support for the present manuscript (e.g.,	None	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or advocacy group,				
	paid or unpaid				
11	Stock or stock options	\boxtimes	None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/14/2021
Your Name:	Jennifer Cleary
Manuscript Title:	Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019
Manuscript Number (if known):	Click or tap here to enter text.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group,				
	paid or unpaid				
11	Stock or stock options	\boxtimes	None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date: 7/26/21

Your Name: Elena Frank

Manuscript Title: Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019

Manuscript number (if known): M21-1594

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non- financial interests	X None

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 7/23/2021 Your Name: Zhuo Zhao

Manuscript Title: Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019

Manuscript number (if known): M21-1594

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	x None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_ None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x_ None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	_x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:___July 23, 2021__

Royalties or licenses

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You	r Name:Amy Bohnert				
Manuscript Title: Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019					
Mar	Manuscript number (if known):M21-1594				
relate part	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a		
The		•	s/activities/interests as they relate to the <u>current</u>		
to th	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.		
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present manuscript (e.g., funding,	X_ None			
	provision of study materials, medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
2	Grants or contracts from	Time frame: past	36 months		
2	any entity (if not indicated in item #1 above).	X None			

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X None	

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_	7/26/2021
Your N	ame: Walter Dempsey
Manus	cript Title: Trends in Depressive Symptoms and Associated Factors during Residency: 2007-2019.
Manus	cript number (if known): M21-1594

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
	_		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services	· ·	
13	Other financial or non- financial interests	X None	

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