

ICMJE DISCLOSURE FORM

Date: 9/10/2022

Your Name: Gerald Gartlehner

Manuscript Title: Values and Preferences of Patients with Major Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-1900

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

ICMJE DISCLOSURE FORM

Date: 10/10/2022

Your Name: Irma Klerings

Manuscript Title: Values and Preferences of Patients with Major Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-1900

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Date: 10/10/2022

Your Name: Andrea Chapman

Manuscript Title: Values and Preferences of Patients with Major Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-1900

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Date: 10/10/2022

Your Name: Andreea Iulia Dobrescu

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Manuscript Number (if known): M22-1900

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Date: 10/10/2022

Your Name: Gernot Wagner

Manuscript Title: Values and Preferences of Patients with Major Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-1900

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the 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.

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

ICMJE DISCLOSURE FORM

Date: 10/25/2022

Your Name: Emma Persad

Manuscript Title: Values and Preferences of Patients with Major Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Cochrane Governing Board	

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

ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Lisa Affengruber

Manuscript Title: Values and Preferences of Patients with Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-1900

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 12/20/2022

Your Name: Ana Toromanova

Manuscript Title: Values and Preferences of Patients with Depressive Disorders Regarding Pharmacological and Nonpharmacological Treatments: A Rapid Review

Manuscript Number (if known): M22-199

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