

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.

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.

Relationships not covered above.

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

Stroup 1



| Section 1. Identifying Inform | nation | | | |
|---|--|-----------------------------|--|--|
| 1. Given Name (First Name) Donna F. | 2. Surname (Last Name) Stroup | 3. Date 03-December-2017 | | |
| 4. Are you the corresponding author? | ✓ Yes No | | | |
| 5. Manuscript Title Reporting the methods used in public h | nealth research and practice | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | |
| | | | | |
| Section 2. The Work Under Co | onsideration 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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| | | | | |
| Section 4. Intellectual Proper | rty Patents & Copyrights | | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the work | Yes ✓ No | | |

Stroup 2



| Section 5. | | | | |
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| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? | | | |
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| ✓ 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 | | | |
| Dr. Wang has no | thing to disclose. | | | |

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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Smith 1



| Section 1. Ident | ifying Information | | | | |
|---|--------------------------------|------------------------|--------------------------------------|--|--|
| Given Name (First Name) C. Kay | 2. Surname (l Smith | ast Name) | 3. Date 03-December-2017 | | |
| 4. Are you the correspondi | ng author? Yes | | oonding Author's Name a F. Stroup | | |
| 5. Manuscript Title Reporting the methods u | used in public health research | and practice | | | |
| 6. Manuscript Identifying N | lumber (if you know it) | | | | |
| | | | | | |
| Section 2. The W | ork Under Consideration | for Publication | | | |
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Smith 2



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Truman 1



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|---|----------------------------|----------------------------------|---|--|--|
| 1. Given Name (Fi Benedict I. | rst Name) | 2. Surname (Last Name) Truman | 3. Date 03-December-2017 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Donna F. Stroup | | |
| 5. Manuscript Title Reporting the m | | nealth research and praction | ce | | |
| 6. Manuscript Ide | ntifying Number (if you kr | now it) | | | |
| | | | | | |
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Truman 2



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