Date:7/01/2022
Your Name:Georgia Greenblum
Manuscript Title:Anemia and Socioeconomic Status among Older Adults in the Study on global AGEing and adult
health (SAGE)
Manuscript number (if known):JPHE-2021-APRU-09 (JPHE-22-29)

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
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.	_xNone	
		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	_xNone	
4	Consulting fees	_xNone	

_	Daywa ant and here.	Name	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Name	
6	Payment for expert	x_None	
	testimony		
-	Commont for attending	Name	
7	Support for attending meetings and/or travel	_xNone	
	lineetings and/or traver		
8	Patents planned, issued or	xNone	
	pending		
0	Pauticia atiana ana a Data	Nama	
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,	x_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	•		
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
DI -		melitar and increase of the first of the	and a ban
Plea	ise summarize the above co	ntilict of interest in the following	owing box:

Please place an "X" next to the following statement to indicate your agreement:

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

te:07/01/2022
ur Name:Alicia DeLouize
nuscript Title: Anemia and Socioeconomic Status among Older Adults in the Study on global AGEing and adult
alth (SAGE)
nuscript number (if known): JPHE-2021-APRU-09 (JPHE-22-29)

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).	World Health Organization	Grant number: 2021_035_DDI-DNA_WHS+WISHES+.
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

Sample S				
lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-				
speakers bureaus, manuscript writing or educational events 6	5	Payment or honoraria for	xNone	
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-		lectures, presentations,		
educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X None				
Farticipation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Receipt of equipment, materials, drugs, medical writing, gifts or other services Revenue Annual Support for attending meetings and/or travel				
testimony Support for attending meetings and/or travel Base Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Table Other financial or non- X_None				
Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X None	6		_xNone	
meetings and/or travel		testimony		
meetings and/or travel				
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- X None	7		_xNone	
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Revertification on a Data x None x None x None x None x None x None x None				
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Revertification on a Data x None x None x None x None x None x None x None				
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 2 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- 2 None 2 None 2 None 3 None 4 None 4 None 5 None 5 None 6 None 7 None 7 None 8 None 8 None 9 None 10 Other financial or non- 2 None	8		xNone	
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 2 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- 2 None 2 None 3 None 4 None 4 None 5 None 6 None 7 None 7 None 8 None 8 None 9 None 10 Other financial or non- 11 None 12 None		pending		
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 2 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- 2 None 2 None 3 None 4 None 4 None 5 None 6 None 7 None 7 None 8 None 8 None 9 None 10 Other financial or non- 11 None 12 None				
Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Advisory Board	9		_xNone	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None x_None x_None x_None x_None				
in other board, society, committee or advocacy group, paid or unpaid Stock or stock options XNone Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- XNone		-		
committee or advocacy group, paid or unpaid 11 Stock or stock options xNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- xNone	10		_xNone	
group, paid or unpaid Stock or stock options x_None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- x_None				
11 Stock or stock options xNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- xNone xNone		•		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or nonxNone				
materials, drugs, medical writing, gifts or other services 13 Other financial or nonxNone	11	Stock or stock options	_xNone	
materials, drugs, medical writing, gifts or other services 13 Other financial or nonxNone				
materials, drugs, medical writing, gifts or other services 13 Other financial or nonxNone	4.0			
writing, gifts or other services 13 Other financial or nonxNone	12		_xNone	
services 13 Other financial or nonxNone				
13 Other financial or nonxNone				
	13		x None	
			,	

Please summarize the above conflict of interest in the following box:

Payments were made to the University of Oregon and the University of Oreassistant to be the study coordinator of the WHS+/WISHS+.	egon hired me .49 FTE as a research

Please place an "X" next to the following statement to indicate your agreement:

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

Date:27 Jui	n 2022
Your Name:	_Paul Kowal
Manuscript Title (SAGE)	e: Anemia and Socioeconomic Status among Older Adults in the Study on global AGEing and adult health
Manuscript nun	nber (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
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	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	None		
	testimony			
	,			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
_	Dauticipation on a Data	Name		
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

Please place an "X" next to the following statement to indicate your agreement:

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

te:7/01/2022
ur Name: Josh Snodgrass
anuscript Title: Anemia and Socioeconomic Status among Older Adults in the Study on global AGEing and adult
alth (SAGE)
anuscript number (if known): JPHE-2021-APRU-09 (JPHE-22-29)

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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) planning of the work
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	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None World Health Organization	Grant number: 2021_035_DDI-DNA_WHS+WISHES+ (grant covers salary for DeLouize and Snodgrass; however, the research covered in the manuscript is not closely related to the work from this contract; interests will not be influenced by the manuscript)
3	Royalties or licenses	xNone	

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

Please summarize the above conflict of interest in the following box:

WHO contract covers salary for DeLouize and Snodgrass; however, the research covered in the manuscript is not closely related to the work from this contract; interests will not be influenced by the manuscript			

Please place an "X" next to the following statement to indicate your agreement:

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