

ICMJE DISCLOSURE FORM

Date: 1-31-24

Your Name: Mika Tanaka

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

Manuscript number (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.

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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	

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

Solely University funding to conduct study

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.

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Date: 1-31-24

Your Name: Shinobu Ishii

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

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Your Name: Akiko Matsuoka

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

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Your Name: Sachiko Tanabe

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Date: 1-31-24

Your Name: Shota Matsunaga

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

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Date: 1-29-24

Your Name: Amir M. Rahmani

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

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Date: 1-29-24

Your Name: Nikil Dutt

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

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Date: 1-29-24

Your Name: Adeline Nyamathi

Manuscript Title: **Perspectives of Japanese elders and their healthcare providers on use of wearable technology to monitor their health at home**

Manuscript number (if known): Unknown

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