

## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Junjie Huang

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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

None.

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

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Sze Chai Chan

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Harry H.X. Wang

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Jacky Yuan

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Wanghong Xu

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Zhi-Jie Zheng

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Hao Xue

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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Date: 1/27/24

Your Name: Lin Zhang

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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Date: 1/27/24

Your Name: Johnny Y Jiang

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Jason L.W. Huang

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

Manuscript number (if known):

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Your Name: Ping Chen

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
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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	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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

None.

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

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: 1/27/24

Your Name: Erlinda Palaganas

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Pramon Viwattanakulvanid

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Ratana Somrongthong

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Andrés Caicedo

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: María de Jesús Medina-Arellano

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Jill K. Murphy

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Maria B.A. Paredes

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Mellissa Withers

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: 1/27/24

Your Name: Martin C.S. Wong

Manuscript Title: Associations between NCDs and COVID-19 related experience, behaviours, and mental health: a global study

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