Date:December 2021	
Your Name: Allison Borges, PhD	
Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication	
app	
Manuscript number (if known): NA	

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).	XNone	
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		
7	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	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		
10	services	V 1	
13	Other financial or non-	_XNone	
	financial interests		

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:

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

Date:December 2021	
Your Name: <u>Celeste Caviness</u> , PhD_	
Manuscript Title: User-centered	d preferences for a gait-informed alcohol intoxication
app	
Manuscript number (if known):	NA

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
5	lectures, presentations,	NOTIC			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
U	testimony	None			
	testimony				
7	Support for attending	_XNone			
,	meetings and/or travel	XNone			
	G ,				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	_XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	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-	_XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following hox:				

None			

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

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: December 2021 December 2	
Your Name:Ana M. Abrantes, Ph.D	
Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication	
app	
Manuscript number (if known):NA	

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		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 National Institute on Alcoholism and Alcohol Abuse (NIAAA)	Source of funding: R21 AA025193
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Other grants from NIAAA: P01 AA029546-01, R21 AA028994, R34 AA028572, R01 AA028186, R34 AA026452, R33 AA024295
3	Royalties or licenses	_XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

The grants I	The grants listed are all studies involving treatment interventions for alcohol use disorder.					

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.					

Date:December 2021				
Your Name:Debra Hermai	n, Ph.D			
Manuscript Title: User-centere	ed preferences for a gait-informed alcohol intoxication			
app	<del></del>			
Manuscript number (if known):	NA			

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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		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)
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  NIAAA grant AA025193	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	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-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

The grant listed above was the grant funding the project from which these data came.				

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

Date:December 2021	
Your Name: Kristin Grimone	
Manuscript Title: User-centered	l preferences for a gait-informed alcohol intoxication
app	
Manuscript number (if known):	NA

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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		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	None	
	manuscript (e.g., funding,	NIAAA funded grant;	
	provision of study materials,	AA025193	
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

		<u>,                                      </u>	
· ·	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	VAL	
6	Payment for expert	X None	
	testimony		
7	Constant for attending	VALSOS	
7	Support for attending meetings and/or travel	X None	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10		X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	VNess	
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	A NOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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

The grant listed above was the grant funding the project from which these data came.				

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:December 2021	
Your Name:Emmanuel Agu	
Manuscript Title: User-centere	d preferences for a gait-informed alcohol intoxication
app	
Manuscript number (if known):	NA

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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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.	<u>x</u> None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>×</u> None	
3	Royalties or licenses	<u>×</u> None	
4	Consulting fees	<u>×</u> None	

_			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	<u>x</u> None	
	meetings and/or travel		
8	Patents planned, issued or	<u>x</u> None	
	pending		
0	Darticipation on a Data	x None	
9	Participation on a Data Safety Monitoring Board or	<u>×</u> None	
	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	<u>x</u> None	
12	Receipt of equipment,	<u>x</u> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in th	e following box:
	acco place on "Y" pout to the	following statement	to indicate vour agreement:
DI ~			

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date:December 2021				
Your Name:	_Michael Stein, MD			
Manuscript Title:	User-centered preferences for a gait-informed alcohol intoxication			
арр				
Manuscript number	(if known): NA			

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	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	x_None				
4	Consulting fees	xNone				

	T	T			
5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone			
	manuscript writing or				
	educational events				
6	Payment for expert	x None			
Ü	testimony				
	testimony				
7	Commont for attaching	v Ness			
/	Support for attending	xNone			
	meetings and/or travel				
8	Patents planned, issued or	x None			
Ū	pending				
	, periam.B				
9	Participation on a Data	x None			
9	Safety Monitoring Board or	xNone			
	Advisory Board				
40	-				
10	Leadership or fiduciary role	xNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x_None			
12	Receipt of equipment, materials, drugs, medical	xNone			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	x None			
DI	Please summarize the above conflict of interest in the following box:				
FI	rease sammanze the above connect of interest in the following box.				
	None				

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