

ICMJE DISCLOSURE FORM

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 current manuscript only.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: December 2021
 Your Name: Celeste Caviness, PhD
 Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication app
 Manuscript number (if known): NA

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form.

ICMJE DISCLOSURE FORM

Date: December 2021

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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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.	<input type="checkbox"/> 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).	<input type="checkbox"/> None	Other grants from NIAAA: P01 AA029546-01, R21 AA028994, R34 AA028572, R01 AA028186, R34 AA026452, R33 AA024295
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.

ICMJE DISCLOSURE FORM

Date: December 2021

Your Name: Debra Herman, Ph.D.

Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication app

Manuscript number (if known): NA

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		NIAAA grant AA025193	
Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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ICMJE DISCLOSURE FORM

Date: December 2021

Your Name: Kristin Grimone

Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication app

Manuscript number (if known): NA

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		NIAAA funded grant; AA025193	
Time frame: past 36 months			
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X 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: December 2021
 Your Name: Emmanuel Agu
 Manuscript Title: User-centered preferences for a gait-informed alcohol intoxication app
 Manuscript number (if known): NA

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ICMJE DISCLOSURE FORM

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

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xⁱ  12/7/21