

ICMJE DISCLOSURE FORM

Date: October 16, 2022

Your Name: Martin J. Downing, Jr.

Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research

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.

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

 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: 12/3/2021
 Your Name: Sarah Wiatrek
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): _____

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3	Royalties or licenses	<u>_X_ None</u>	
4	Consulting fees	<u>_X_ None</u>	

ICMJE DISCLOSURE FORM

Date: December 1, 2021

Your Name Ryan Zahn

Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research

Manuscript number (if known): _____

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7	Support for attending meetings and/or travel	____ None	
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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Gordon Mansergh
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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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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 1st 2021

Your Name: Evelyn Olansky

Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research

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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None

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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Deborah Gelaude
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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	<u>_x_ None</u>	
4	Consulting fees	<u>_x_ None</u>	

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	
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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

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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

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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Patrick Sullivan
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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.	Centers for Disease Control and Prevention	Payments made to my institution
		National Institutes of Health	Payments made to my institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

My funding from CDC and NIH are payments made to my institution for other research projects, and there they are no related to the present work.

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.

Patrick Sullivan, 10/17/2022

ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Rob Stephenson
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Aaron Siegler
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Jose Bauermeister
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Keith Horvath
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
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form.

A handwritten signature in black ink, appearing to read 'K J Horvath', with a stylized flourish at the end.

Keith J. Horvath, PhD October 17, 2022

ICMJE DISCLOSURE FORM

Date: 10/18/2022
 Your Name: Mary Ann Chiasson
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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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.	<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: Jan 4, 2023

Your Name: Irene Yoon

Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research

Manuscript number (if known): mHealth-21-53

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.

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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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Mattel Global Consumer Insights	A full-time employee of Mattel Global Consumer Insights since 2021, but received no support related to this publication.

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

I have been a full-time employee of Mattel Global Consumer Insights since 2021, but received no support related to this publication.

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.

ICMJE DISCLOSURE FORM

Date: 10/19/2022
 Your Name: Steven Houang
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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.

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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 type="checkbox"/> _x_ None	
6	Payment for expert testimony	<input type="checkbox"/> _x_ None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _x_ None	
8	Patents planned, issued or pending	<input type="checkbox"/> _x_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _x_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> _x_ None	
11	Stock or stock options	<input type="checkbox"/> _x_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> _x_ None	
13	Other financial or non-financial interests	<input type="checkbox"/> _x_ 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:

☐_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: 10/18/2022
 Your Name: Anthony Jimenez Hernandez
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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.

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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:

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: 10/18/2022
 Your Name: Sabina Hirshfield
 Manuscript Title: Video Selection and Assessment for an App-Based HIV Prevention Messaging Intervention: Formative Research
 Manuscript number (if known): 21-53-R1

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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