Da	te: 01/09/2023		
Υo	ur Name: Rebecca Klaff		
		g and Pilot-Testing Smokef	freeSGM: A Text-Based Smoking Cessation Intervention for
Se	xual and Gender Minority G	roups	
Ma	anuscript number (if known)	: mHealth-23-4	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the series of the series of the manuscript. If you are in doubt about whether to list a poso.
	anuscript only.	to the author's relationship	ips) activities) interests as they relate to the <u>current</u>
to me In	the epidemiology of hyperte edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame-need	26 months
	Grants or contracts from	Time frame: past X None	. So months
	any entity (if not indicated	XNone	
	in item #1 above).		
	Royalties or licenses	XNone	
	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
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	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

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

Da	te:01/09/2023		
Yo	ur Name:Samuel Tundea	alao	
Ma	anuscript Title: Designing	g and Pilot-Testing Smokef	reeSGM: A Text-Based Smoking Cessation Intervention for
Sex	kual and Gender Minority G	roups	
Ma	anuscript number (if known)	: mHealth-23-4	
rel par to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" means affected by the content of the author's relationship in the content of the author's relationship in the content of the content o	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	nlanning of the work
	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
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
	Royalties or licenses	XNone	
	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
U	testimony	XNOTIE	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	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-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None		

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

Da	te:01/09/2023			
Υo	ur Name:Brittany Krenel	k		
Ma	anuscript Title: Designing	g and Pilot-Testing Smoket	freeSGM: A Text-Based Smoking Cessation Intervention fo	r
Se	kual and Gender Minority G	roups		
Ma	anuscript number (if known)):mHealth-23-4		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me In	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. End in this manuscript without time limit. For all other item	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
	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.	X_None		
		Time frame: past	t 36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
	Royalties or licenses	XNone		
	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
U	testimony	XNOTIE	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	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-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None		

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

Da	te: 01/09/2023			
	ur Name:Irene Tami-Ma	urv		
			reeSGM: A Text-Based Smoking Cessation Intervention for)r
	xual and Gender Minority G	_	recognitive react bused smoking dessation intervention is	<i>"</i>
	anuscript number (if known)			
IVI	anuscript number (ii known)	J IIIHEaltii-25-4		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do		
	e following questions apply anuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>	
to	• •	ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other iter	ns,
		T		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
	All support for the present	The National Institutes of		
	manuscript (e.g., funding,	Health (NIH) and National		
	provision of study materials,	Cancer Institute (NCI) -		
	medical writing, article	1K22CA 237639		
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

Royalties or licenses

_X__None

3

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	Command for additional times	V News	
/	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	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Pاح	ease summarize the above c	onflict of interest in the f	ollowing hox:
1 10	ase sammanize the above to		UIIUWIIIK NUA:

The Author reports grant support from The National Institutes of Health (NIH) and National Cancer Institute (National 237639.	ICI) -

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