## ICMJE DISCLOSURE FORM

Date: <u>December 5, 2023</u> Your Name: <u>Y. Alicia Hong</u>

Manuscript Title: Mobile Health and Behavior Tracking (mHBT) among Cancer Survivors: Results from a large and

diverse sample

Manuscript number (if known): mHealth-23-58

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</u> <u>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.

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	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		none (add rows as	,		
		needed)			
Time frame: Since the initial planning of the work					
1	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: past 36 months				
2	Grants or contracts from	_X_None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	_XNone			
4	Consulting fees	_X_None			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X_None		
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending meetings and/or travel	_X_None		
8	Patents planned, issued or	_X_None		
	pending			
9	Participation on a Data	_X_None		
	Safety Monitoring Board or			
	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	_X_None		
12	Receipt of equipment,	V None		
12	materials, drugs, medical	_X_None		
	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:				
	INUTIC.			

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.