

ICMJE DISCLOSURE FORM

Date: 8/10/2023

Your Name: Courtney Monroe

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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.	Southeast Regional Pilot and Feasibility Program grant (Vanderbilt University School of Medicine/National Institute of Diabetes and Digestive and Kidney Diseases; DK020593)	Funding for this research project from NIDDK to Vanderbilt University which was then awarded competitively to the institution (University of South Carolina)
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 type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	University of South Carolina	Payment made to me as reimbursement
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

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

This project was supported by the Southeast Regional Pilot and Feasibility Program grant (Vanderbilt University School of Medicine/National Institute of Diabetes and Digestive and Kidney Diseases [DK020593]). Dr. Monroe received travel costs in 2022 from the University of South Carolina to present a portion of this work via a poster at the Society of Behavioral Medicine's 2022 Annual Meeting.

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: 8/10/2023

Your Name: Kristen Zosel

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/29/2023

Your Name: Melissa Stansbury

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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ICMJE DISCLOSURE FORM

Date: 7/30/2023

Your Name: Nicholas Younginer

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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

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ICMJE DISCLOSURE FORM

Date: 7/30/2023

Your Name: Rachel Davis

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Gareth R. Dutton

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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

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6	Payment for expert testimony	<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:

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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Robert L. Newton Jr.

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH grant (R42MD014947) Klein Buendel	Funding for a project designed to develop a mobile phone app for African American men in conjunction with Klein Buendel (a marketing and technology company)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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

This project was supported by the Southeast Regional Pilot and Feasibility Program grant (Vanderbilt University School of Medicine/National Institute of Diabetes and Digestive and Kidney Diseases [DK020593]). I am also working with Klein Buendel, a marketing and technology company, to develop a smartphone app to increase physical activity in African American men which is being supported by an NIH grant (R42MD014947); this grant did not provide support for the work reported in this manuscript.

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: 7/29/2023

Your Name: Bo Cai

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Delia West

Manuscript Title: A Focus Group Study Among Insufficiently Physically Active African American Adults Regarding Technology-delivered Team-based Gamification for Physical Activity Promotion

Manuscript number (if known): mHealth-23-44

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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:

This project was supported by the Southeast Regional Pilot and Feasibility Program grant (Vanderbilt University School of Medicine/National Institute of Diabetes and Digestive and Kidney Diseases [DK020593]).

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.