

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### 1. Identifying information.

### 2. The work under consideration for publication.

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### 3. Relevant financial activities outside the submitted work.

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### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### **Definitions.**

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Povalties: Funds are coming in to you or your institution due to you



Section 1.	Identifying Inform	mation		
1. Given Name (Fir Jenny	st Name)	2. Surname (Last Name) Rickardsson	3. Date 16-April-2020	
4. Are you the corr	esponding author?	✓ Yes No		

5. Manuscript Title

Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)

mHealth-19-241

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

f yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	Ν.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AFA Insurance	$\checkmark$					

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes 🗸 No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



## Section 5. Relationships not covered above

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## Section 6. Disclosure Statement

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Dr. Rickardsson reports grants from AFA Insurance, during the conduct of the study; .

#### **Evaluation and Feedback**



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Vendela	irst Name)	2. Surname (Last Name) Zetterqvist	3. Date 17-April-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson	
		ommitment Therapy (iACT	) for chronic pain - feasibility and preliminary effe	ects in
6. Manuscript Ide mHealth-19-241	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Zetterqvist has nothing to disclose.

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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
5. Manuscript Title Internet-delivere clinical and self-1	ed Acceptance and Co	ommitment Therapy (iACT,	for chronic pain – feasibility and preliminary effects in
6. Manuscript Ider mHealth-19-241	ntifying Number (if you l	know it)	

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Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	$\checkmark$	No
	1 1		•	



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Dr. Gentili has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (F Erik	irst Name)	2. Surname (Last Name) Andersson	3. Date 23-March-2020
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl		ammitmant Thorany (iACT) for chronic n	ain - feasibility and proliminary offects in

Internet-delivered Acceptance and Commitment Therapy (iACT) for chronic pain – feasibility and preliminary effects in clinical and self-referred patients

6. Manuscript Identifying Number (if you know it)

mHealth-19-241

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Royalties from a book on health anxiety		$\checkmark$				

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



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## Section 6. Disclosure Statement

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Dr. Andersson reports personal fees from Royalties from a book on health anxiety, outside the submitted work; .

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1. Given Name (Fi Linda	rst Name)	2. Surname (Last Name) Holmström	3. Date 20-April-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Linda Holmström
		ommitment Therapy (iACT	) for chronic pain – feasibility and preliminary effects in
6. Manuscript Iden mHealth-19-241	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	; 🖌 No	С
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1. Given Name (Fi Mats	rst Name)	2. Surname (Last Nan Lekander	ne) 3. Date 20-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
5. Manuscript Title Internet-delivere clinical and self-r	ed Acceptance and Co	ommitment Therapy (iA	CT) for chronic pain – feasibility and preliminary effects in
6. Manuscript Ider mHealth-19-241	ntifying Number (if you	know it)	

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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# Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	$\checkmark$	No
	1 1		•	



## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lekander has nothing to disclose.

#### **Evaluation and Feedback**



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Section 1.	Identifying Inform	nation	
1. Given Name (Fii Malin	rst Name)	2. Surname (Last Name) Persson	3. Date 17-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
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Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🗸 N	10



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Dr. Persson has nothing to disclose.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jan	2. Surname (Last Name) Persson		Date April-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson	
<ol> <li>Manuscript Title</li> <li>Internet-delivered acceptance and conclinical and self-referred patients</li> <li>Manuscript Identifying Number (if you k</li> </ol>		or chronic pain—feasibility and	preliminary effects in
Section 2. The Work Under C	onsideration for Publ	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d		•

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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	✓ No	)
	1 1		•	



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Section 1.	Identifying Inform	nation	
1. Given Name (Fii Brjánn	rst Name)	2. Surname (Last Name) Ljótsson	3. Date 17-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jenny Rickardsson
5. Manuscript Title Internet-delivere clinical and self-r	d Acceptance and Co	mmitment Therapy (iACT	) for chronic pain – feasibility and preliminary effects in
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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Dahlia Behandlingsutvärdering AB				$\checkmark$	Shareholder	-
Pear Therapeutics Inc				$\checkmark$	License fees	

#### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ljótsson reports other from Dahlia Behandlingsutvärdering AB, other from Pear Therapeutics Inc, outside the submitted work; .

#### **Evaluation and Feedback**



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mHealth-19-241

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AFA Insurance	$\checkmark$					
ALF grant provided by the Stockholm County Council	$\checkmark$					

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Clinical research appointment provided by the Stockholm County Council	$\checkmark$					



## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

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Dr. Wicksell reports grants from AFA Insurance, grants from ALF grant provided by the Stockholm County Council, during the conduct of the study; grants from Clinical research appointment provided by the Stockholm County Council, outside the submitted work; .

#### **Evaluation and Feedback**