| Da | te:Nov. 22, 2021 | | | |
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| Yo | ur Name:James Rimme | r | | |
| Ма | nuscript Title: Retros | pective Evaluation of a Pil | ot eHealth/mHealth Telewellness Program for People | with |
| Dis | abilities: Mindfulness, Exer | cise, and Nutrition To Opt | imize Resilience (MENTOR) | |
| Ma | nuscript number (if known |): mHealth–21- | -34 | |
| In t | the interest of transparency | y, we ask you to disclose | all relationships/activities/interests listed below that | are |
| rel | ated to the content of your | manuscript. "Related" me | eans any relation with for-profit or not-for-profit third | |
| pa | rties whose interests may b | be affected by the content | of the manuscript. Disclosure represents a commitment | nent |
| | transparency and does not ationship/activity/interest, | - | as. If you are in doubt about whether to list a o so. | |
| | e following questions apply inuscript only. | y to the author's relationsl | nips/activities/interests as they relate to the current | |
| to | | ension, you should declar | e <u>defined broadly</u> . For example, if your manuscript pe e all relationships with manufacturers of antihyperter the manuscript. | |
| | tem #1 below, report all su time frame for disclosure | | ed in this manuscript without time limit. For all other | items, |
| | | 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) | |
| | Ti | me frame: Since the initia | l planning of the work | |
| | All support for the | XNone | | |

| | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | | |
|---|---|------------------|-----------|
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| | | Time frame: past | 30 HORUS |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
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| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |
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| | | N. M. | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X_None | |
| | looming | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or pending | X_None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
|-----|---|-----------------------------|--------------------------|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_ None | |
| 13 | Other financial or non- financial interests | XNone | |
| | ease summarize the above | conflict of interest in the | following box: |
| | | | |
| Ple | ease place an "X" next to th | ne 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.

| Da | te:Nov. 22, 2021 | | | |
|------|---|--|--|----------|
| Yo | ur Name:Jereme Wilroy | / | | |
| | | | Health/mHealth Telewellness Program for People v timize Resilience (MENTOR) | vith |
| Ма | nuscript number (if knowr | n): mHealth-21- | 34 | |
| In t | the interest of transparence | cy, we ask you to disclose | all relationships/activities/interests listed below tha | t are |
| rela | ated to the content of you | r manuscript. "Related" m | eans any relation with for-profit or not-for-profit thir | d. |
| paı | rties whose interests may | be affected by the content | of the manuscript. Disclosure represents a commit | tment |
| | • • | t necessarily indicate a bia it is preferable that you do | as. If you are in doubt about whether to list a o so. | |
| | e following questions appl nuscript only. | y to the author's relationsl | nips/activities/interests as they relate to the <u>current</u> | |
| Th | e author's relationships/ac | ctivities/interests should be | e <u>defined broadly</u> . For example, if your manuscript p | pertains |
| | | tension, you should declar ication is not mentioned in | e all relationships with manufacturers of antihypert the manuscript. | ensive |
| In i | tem #1 below, report all su | upport for the work report | ed in this manuscript without time limit. For all othe | er 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) | |
| | Т | ime frame: Since the initia | planning of the work | |
| | All support for the present manuscript (e.g., | XNone | | |

funding, provision of

| | study materials, medical writing, article processing | | |
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| | charges, etc.) | | |
| | No time limit for this | | |
| | item. | | |
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| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| | | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for lectures, presentations, | X_None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | meetings and/or traver | | |
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| 8 | Patents planned, issued | X_None | |
| | or pending | | |
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| 9 | Participation on a Data | XNone | |

| | Safety Monitoring Board or Advisory Board | | | | | |
|----|---|--|------------|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | | | | |
| 11 | Stock or stock options | XNone | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_ None | _ | | | |
| 13 | Other financial or non- financial interests | XNone | | | | |
| _ | Please summarize the above conflict of interest in the following box: None. | | | | | |
| | | he following statement to indicate your agreement: | | | | |
| | X_ I certify that I have answar. | wered every question and have not altered the wording of any of the questior | ns on this | | | |

| Date:Nov. 22, 2021 | | | |
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| Your Name: Pierre Galea _ | _ | | |
| · · · · · · · · · · · · · · · · · · · | | eHealth/mHealth Telewellness Program for People v timize Resilience (MENTOR) | with |
| Manuscript number (if known |): mHealth–21- | -34 | |
| In the interest of transparency | y, we ask you to disclose | all relationships/activities/interests listed below that | t are |
| related to the content of your | manuscript. "Related" me | eans any relation with for-profit or not-for-profit thire | d |
| parties whose interests may b | pe affected by the content | of the manuscript. Disclosure represents a commit | ment |
| to transparency and does not relationship/activity/interest, | - | s. If you are in doubt about whether to list a so. | |
| The following questions apply | / to the author's relations | nips/activities/interests as they relate to the <u>current</u> | |
| manuscript only. | | | |
| The author's relationships/ac | tivities/interests should be | e <u>defined broadly</u> . For example, if your manuscript p | ertains |
| to the epidemiology of hypert medication, even if that medic | - | e all relationships with manufacturers of antihyperte the manuscript. | ensive |
| In item #1 below, report all su | pport for the work reporte | ed in this manuscript without time limit. For all othe | r items |
| the time frame for disclosure | is the past 36 months. | | |
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| | 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) | |
| Ti | me frame: Since the initia | 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. | _X_None | |
|---|--|------------------|-----------|
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| | | | |
| 3 | Royalties or licenses | XNone | |
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| 4 | Consulting fees | XNone | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or pending | XNone | |
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| 9 | Participation on a Data | XNone | | | |
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| | Safety Monitoring Board | | | | |
| | or Advisory Board | | | | |
| 10 | Leadership or fiduciary | XNone | | | |
| | role in other board, society, committee or | | | | |
| | advocacy group, paid or | | | | |
| 4.4 | unpaid | V. N. | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_ None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Ple | ease summarize the above | conflict of interest in the | following box: | | |
| | None. | | | | |
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| Ple | ease place an "X" next to th | ne following statement to | indicate your agreement: | | |
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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 form.

| Date:Nov. 22, 2021 | | | |
|---|--|--|---------|
| Your Name:Amanda Jete | r | | |
| | | t eHealth/mHealth Telewellness Program for People timize Resilience (MENTOR) | with |
| Manuscript number (if know | n): mHealth–21- | -34 | |
| In the interest of transparence | cy, we ask you to disclose | all relationships/activities/interests listed below tha | t are |
| related to the content of you | r manuscript. "Related" m | eans any relation with for-profit or not-for-profit thir | d |
| parties whose interests may | be affected by the content | t of the manuscript. Disclosure represents a commit | tment |
| to transparency and does no relationship/activity/interest | | as. If you are in doubt about whether to list a o so. | |
| The following questions app | ly to the author's relations | nips/activities/interests as they relate to the <u>current</u> | |
| <u>manuscript</u> <u>only</u> . | | | |
| The author's relationships/a | ctivities/interests should b | e <u>defined broadly</u> . For example, if your manuscript p | ertains |
| to the epidemiology of hyper medication, even if that med | - | e all relationships with manufacturers of antihyperton the manuscript. | ensive |
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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. | _X_None | |
|---|--|------------------|-----------|
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| 3 | Royalties or licenses | XNone | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
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| 8 | Patents planned, issued or pending | XNone | |
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| 9 | Participation on a Data | XNone | | | |
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| | Safety Monitoring Board | | | | |
| | or Advisory Board | | | | |
| 10 | Leadership or fiduciary | XNone | | | |
| | role in other board, society, committee or | | | | |
| | advocacy group, paid or | | | | |
| 4.4 | unpaid | V. N. | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_ None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Ple | ease place an "X" next to th | ne following statement to | indicate your agreement: | | |
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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 form.

| Date:Nov. 22, 2021 | - | | |
|---|--|--|---------|
| Your Name:Byron Lai | | | |
| Manuscript Title: Retro | ospective Evaluation of a Pil | ot eHealth/mHealth Telewellness Program for People | e with |
| Disabilities: Mindfulness, Exe | ercise, and Nutrition To Opt | imize Resilience (MENTOR) | |
| Manuscript number (if know | /n): mHealth–21- | -34 | |
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| to transparency and does n relationship/activity/interes | • | as. If you are in doubt about whether to list a o so. | |
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| manuscript only. | | | |
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| to the epidemiology of hype medication, even if that med | - | re all relationships with manufacturers of antihyperton the manuscript. | ensive |
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| the time frame for disclosur | e is the past 36 months. | | |
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| | 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) | |
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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. | _X_None | |
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| | | Time frame: past | 36 months |
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| | in item #1 above). | | |
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| 3 | Royalties or licenses | XNone | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or pending | XNone | |
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| 9 | 9 Participation on a Data | XNone | |
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| Safety Monitoring Board or Advisory Board | | | |
| | | | |
| 10 | role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
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| 4.4 | | V. N. | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_ None | |
| | writing, gifts or other services | | |
| | | | |
| 13 | Other financial or non-financial interests | XNone | |
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| Ple | ease summarize the above | conflict of interest in the | following box: |
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