

# ICMJE DISCLOSURE FORM

Date: 1/26/22  
 Your Name: Parya Saberi  
 Manuscript Title: Exploration of a Mobile Technology Vulnerability Scale's Association with HIV Clinical Outcomes among Young Adults Living with HIV in the United States  
 Manuscript number (if known): mHealth-21-54

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	Research funding from the National Institute of Mental Health: R21MH122280
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

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

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

The author reports research funding from the National Institute of Mental Health: R21MH122280

**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: 1/30/2022  
 Your Name: Shadi Eskaf  
 Manuscript Title: Exploration of a Mobile Technology Vulnerability Scale's Association with Antiretroviral Adherence among Young Adults Living with HIV in the United States  
 Manuscript number (if known): mHealth-21-54

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# ICMJE DISCLOSURE FORM

Date: 01/26/22  
 Your Name: Chadwick K. Campbell  
 Manuscript Title: Exploration of a Mobile Technology Vulnerability Scale's Association with Antiretroviral Adherence among Young Adults Living with HIV in the United States  
 Manuscript number (if known): mHealth-21-54

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## ICMJE DISCLOSURE FORM

**Date:** January 26, 2022

**Your Name:** Torsten B. Neilands

**Manuscript Title:** \_\_\_ Exploration of a Mobile Technology Vulnerability Scale's Association with Antiretroviral Adherence among Young Adults Living with HIV in the United States \_\_\_\_\_

**Manuscript number (if known):** \_\_\_ mHealth-21-54 \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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None
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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.**

# ICMJE DISCLOSURE FORM

Date: 1.26.22

Your Name: John A. Saucedo

Manuscript Title Exploration of a Mobile Technology Vulnerability Scale's Association with Antiretroviral Adherence among Young Adults Living with HIV in the United States

Manuscript number (if known): mHealth-21-54

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

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

None.

**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:** January 25, 2022

**Your Name:** Karine Dubé

**Manuscript Title:** Exploration of a Mobile Technology Vulnerability Scale's Association with HIV Clinical Outcomes among Young Adults Living with HIV in the United States

**Manuscript number (if known):** mHealth-21-54

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>X None</div>	
3	Royalties or licenses	<div>X None</div>	
4	Consulting fees	<div>X None</div>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
		<i>Current Opinion in HIV/AIDS Special Issue in Behavioral and Social Sciences</i>	March – 2022 – digital health interventions included
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

The author reports research funding from R21-MH 122280 (2020 – 2022) and honoraria for guest editing an edition of *Current Opinion in HIV/AIDS* Special Issue in Behavioral and Social Sciences (March – 2022 – digital health interventions included).

Please place an “X” next to the following statement to indicate your agreement:

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**form.**