

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Xiulu YANG \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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>	__X__None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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:

No conflict of interest

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.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Jingyi WANG \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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<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>	Shanghai Pujiang Program [grant number 2020PJC005]	
		National Natural Science Foundation of China [grant number 72104053]	
		Shanghai Leading Academic Discipling Project of Public Health [grant number GWV-10.1-XK18]	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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:**

Jingyi WANG was sponsored by Shanghai Pujiang Program [grant number 2020PJC005] and National Natural Science Foundation of China [grant number 72104053]. This work was also supported by the Shanghai Leading Academic Disciplining Project of Public Health [grant number GWV-10.1-XK18]. The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**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.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Tingting WANG \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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.

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<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>	Science and Technology Plan Projects of Taizhou [grant number 22ywa62]	
<b>Time frame: past 36 months</b>			
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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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:**

Tingting WANG was sponsored by Science and Technology Plan Projects of Taizhou [grant number 22ywa62] . The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**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.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Haijiang LIN \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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.

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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>	Taizhou City Foundation for Talents [grant number TZ2022-2]	
<b>Time frame: past 36 months</b>			
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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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:

Haijing LIN was sponsored by Taizhou City Foundation for Talents [grant number TZ2022-2]. The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Yuting YANG \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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.

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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).	__X__ None	

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Xiaoxiao CHEN \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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		Science and Technology Plan Projects of Taizhou [grant number 22ywa62]	
<b>Time frame: past 36 months</b>			
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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	
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:**

Xiaoxiao CHEN was sponsored by Taizhou City Foundation for Talents [grant number TZ2022-2] and Science and Technology Plan Projects of Taizhou [grant number 22ywa62]. The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec.17<sup>th</sup>,2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Chaowei FU \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Psychosocial problems and suicidal ideation in Chinese adolescents: findings from a longitudinal study \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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