

## ICMJE DISCLOSURE FORM

Date: 1-March-2021

Your Name: Chengfang Zhang

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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

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

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

<p>Chengfang Zhang has nothing to disclose.</p>
---

**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-March-2021

Your Name: Xiaodan Wang

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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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).	<u>✓</u> None	
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> None	

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

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

<p>Xiaodan Wang has nothing to disclose.</p>
--

**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-March-2021

Your Name: ChengPing Hu

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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4	Consulting fees	<u>✓</u> None	

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11	Stock or stock options	<u>√</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	
13	Other financial or non-financial interests	<u>√</u> None	

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

ChengPing Hu has nothing to disclose.

**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-March-2021

Your Name: Wenhua Ding

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓</u> None	
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> 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:**

Wenhua Ding has nothing to disclose.

**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-March-2021

Your Name: Han Li

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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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3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> None	

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

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

<p>Han Li has nothing to disclose.</p>
--

**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-March-2021

Your Name: Meng Wu

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓</u> None	
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> 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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

<p>Meng Wu has nothing to disclose.</p>
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**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-March-2021

Your Name: Manji Hu

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	
13	Other financial or non-financial interests	<u>√</u> None	

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

Manji Hu has nothing to disclose.
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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-March-2021

Your Name: Qiang Wang

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  </u> <u>  </u> None	
13	Other financial or non-financial interests	<u>  </u> <u>  </u> None	

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

<p>Qiang Wang has nothing to disclose.</p>
--

**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-March-2021

Your Name: Xirong Sun

Manuscript Title: The effect of prohibiting outside food during COVID-19 pandemic on the body weight of schizophrenic patients taking olanzapine or clozapine: a retrospective self-controlled study

Manuscript number (if known): APM-20-2513-R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>√</u> None	
13	Other financial or non-financial interests	<u>√</u> None	

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

<p>Xirong Sun has nothing to disclose.</p>
--

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

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