ICMJE DISCLOSURE FORM

Date:____02/09/2021_____
Your Name:___Vicki Johnson_____
Manuscript Title: The effectiveness and cost-effectiveness of a Structured Health Intervention For Truckers (SHIFT): A cluster randomised controlled trial (RCT)
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)**
Time frame: Since the initial 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.**	____ None	
		University Hospitals of Leicester (UHL) NHS Trust / NIHR	I was employed by UHL during this study who received payments originally from NIHR in order for me to carry out this work (including developing, refining and delivering the SHIFT intervention)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ UHL/NIHR	I am actively engaged in research through my employment whereby University Hospitals of Leicester receive grants from funding bodies such as the NIHR in order for me to carry out my role, which involves developing, delivering and evaluating other self-

			management complex interventions
3	Royalties or licenses	____ UHL	University Hospitals of Leicester NHS Trust holds the Intellectual Property rights for, and receives not-for-profit income through licensing fees to support implementation in Clinical Commissioning Groups in the UK, Ireland and Australia, of the DESMOND suite of self-management programmes. If SHIFT is successfully implemented after this study, then SHIFT will likely fall under the DESMOND suite of programmes
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	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-	____ None	

	financial interests		

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.