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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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>	National Institute of Health Research, Public Health Research Programme, Community Groups and Health Promotion (grant no. 16/122/33)None	

	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		
_				
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	None		
Ŭ	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
10	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
10	services	News		
13	Other financial or non-	None		
	financial interests			

# \_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: \_\_\_\_2 March 2021\_\_\_\_\_ Your Name: \_\_\_John Wildman\_\_\_\_\_ Manuscript Title: \_\_ The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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		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.) <b>No time limit for this item.</b>	National Institute of Health Research, Public Health Research Programme, Community Groups and Health Promotion (grant no. 16/122/33).	

	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		
5	Payment or honoraria for	None		
5	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2/3/21
Your Name	e:Tessa Pollard
ι	Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING_NE 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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Ç .		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:\_\_\_\_\_2/3/2021\_\_\_\_\_ Your Name:\_\_\_\_\_Kate Gibson\_\_\_\_\_ Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		
5	Payment or honoraria for	None		
5	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
0	Darticipation on a Data	Nana		
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	None		
15	financial interests			

I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

Date: 02/03/2021 Your Name: Josephine Wildman Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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2	Grants or contracts from	Time frame: past	36 months

	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting for a	News	
4	Consulting fees	None	
5	Payment or honoraria for	Nana	
Э	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:04.03.2021				
Your Name:	Nicola O'Brien			
Manuscript Title:_	_ The impact of social prescribing on wellbeing, health, healthcare utilization and costs			
for people with	ype 2 diabetes: multimethod SPRING_NE study			

Manuscript number (if known):\_\_\_\_\_

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		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone
3	Royalties or licenses	XNone
4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
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	_XNone
13	Other financial or non- financial interests	_XNone

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	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		
_				
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	None		
Ŭ	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
10	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
10	services	News		
13	Other financial or non-	None		
	financial interests			

# \_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: \_\_08/03/21\_\_\_\_\_\_ Your Name: \_\_Stephanie Morris\_\_\_\_\_\_ Manuscript Title: \_ The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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	Time frame: past 36 months			
2	Grants or contracts from	x_None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	x_None		
4	Consulting fees	x_None		
5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending	_xNone		
	meetings and/or travel			
8	Patents planned, issued or	_xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	x None		
11		xNone		
12	Receipt of equipment,	x None		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_xNone		
-	financial interests			

\_x\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	02/	03/	/2021	
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Your Name: EOIN MOLONEY				
Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs				
for people with type 2 diabetes: multimethod SPRING_NE study				
Manuscript number (if known):				

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		Time framer part 26 menths
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 monthsNoneNoneNone
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
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None 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 None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None None

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 01.03.2021 Your Name: Dr Jayne Margaret Jeffries Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 05/03/2021\_\_\_\_\_\_ Your Name: Mark S. Pearce Manuscript Title: The impact of social prescribing on wellbeing, health, healthcare utilization and costs for people with type 2 diabetes: multimethod SPRING\_NE 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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Time frame: past 36 months					
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
_					
7	Support for attending	None			
	meetings and/or travel				
		-			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	None			
11					
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				

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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>	Time frame: Since the initialNoneNone	planning of the work
2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
		News	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	2 Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
10			

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.