ICMJE DISCLOSURE FORM		
Date:	3/26/2022	
Your Name:	A Toby Prevost	
Manuscript Title:	Feasibility randomised controlled trial of a s'context aware' behavioural support in real	smoking cessation smartphone app that delivers time (Quit Sense)
Manuscript Number (if k	nown): Click or tap here to enter text.	
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 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	Specifications/Comments (e.g., if payments were
	relationship or indicate none (add rows as needed)	made to you or to your institution)
	Time frame: Since the initial planning	of the work

		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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	Ad hoc member and Programme Award Interviewer for an Expert Review Panel serving the Prevention and Population Research Committee of Cancer Research UK 2021-present Member of NIHR Public Health Research funding committee 2014-2020 NICE: Member of NICE Public Health Advisory Committee 2013-2020 and Expert Advisor to the NICE Centre for Guidelines 2017-present NIHR COVID-19 Reviewing (2020)	No payments No payments No payments No payments
10	Leadership or fiduciary role in other board,	□ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
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.			

Date	e:		4/12/2022	
Your Name:			Aimie Hope	
Manuscript Title:			Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)	
Mar	nuscript Number (if l	known):	Click or tap here to enter text.	
cont affe indi	tent of your manusco cted by the content cate a bias. If you ar	ript. "Rela of the mai re in doubt		/interest, it is preferable that you do so.
-	lemiology of hyperte medication is not m	=		acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		· ·	ithout time limit. For all other items, the time
			l entities with whom you have this ship 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		one	
	manuscript (e.g., funding, provision of study materials, medical writing,	NIHR		Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received.
	article processing charges, etc.)			Click the tab key to add additional rows.
	No time limit for this item.			,
			Time frame: past 36 month	s
2	Grants or contracts from		one	
i	any entity (if not indicated in item #1 above).			
3	Royalties or licenses		one	

		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)
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	

		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)
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	
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.		

Date:	3/25/2022
Your Name:	Antony Colles
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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		Time frame: Since the initial planning of	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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	

		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)
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	
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.			

Date:	3/15/2022
Your Name:	Caitlin Notley
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

P		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	[□] None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIHR	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received.
	charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	NIHR Public Health Research	CI for the BabyBreathe Trial – smoking relapse prevention trial for women postpartum. Payments given to institution - no personal payment received.
		NIHR Health Technology Assessment	Joint PI for the CoSTED trial (cessation of smoking in the emergency department). Payments given to institution - no personal payment received.
		NIHR Research for Patient Benefit	CI for the NESCi study – intervention development to support smokefree home intervention for families of babies admitted to neonatal intensive care. Payments given to institution - no personal payment received.

		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)
		Society for the Study of Addiction UEA innovation funding	CI. Innovation funding to develop 'Love my lungs@ intervention. Payments given to institution - no personal payment received CI. Innovation funding to specifically develop educational resource and training package for
			health care professionals as part of 'Love my Lungs'. Payments given to institution - no personal payment received
		UEA innovation funding	Joint lead for the covid-19 health behaviour and wellbeing tracker study. Payments given to institution - no personal payment received
		UEA Health and Social Care Partners funding	Joint lead for the covid-19 health behaviour and wellbeing tracker study. Payments given to institution - no personal payment received
3	Royalties or licenses	None ■	
4	Consulting fees	None ■	
5	Payment or honoraria for	□ None	
	lectures,	University of Tazmania	Honoraria for external examination of PhD viva
	presentations, speakers	University of Nottingham	Honoraria for external examination of PhD viva
	bureaus, manuscript writing or educational events	Norwegian Institute of Public Health	Honoraria for external examination of PhD viva
6	Payment for expert testimony	None	
7	Support for attending meetings and/or	⊠ None	
	travel		

		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)
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	Society for Research on Nicotine and Tobacco	Fellow. Honorary position, no payments received.
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	
Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

Date:	3/15/2022
Your Name:	Cecilia Mascolo
Manuscript Title:	[Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

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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 NIHR Time frame: past 36 month	Funding from the Public Health Research programme to undertake the research Payments given to institution - no personal payment received.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: \[\Boxedot \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/15/2022
Your Name:	Chloë Siegele-Brown
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	

		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)
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	
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.			

Date:	3/25/2022
Your Name:	Dr Claire West
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	

		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)
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	
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.			

Date:	3/27/2022
Your Name:	David Crane
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

ľ		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)
4	Consulting fees	None 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	Chief Executive Officer of Smoke Free, a smoking cessation app

		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)
11	Stock or stock options	Owner of 23 Ltd, Smoke Free is a trading name of 23 Ltd	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ □	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/21/2022
Your Name:	Felix Greaves
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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		Time frame: Since the initial planning of	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.	Nihr	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months	
3	Royalties or licenses	None None □	

		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)
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	PHR - Research Funding Board, PHR Prioritisation Group and PHR Programme Advisory Board (end 13/05/20)	No payment received
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Employed and director at NICE	

		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)
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	
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.			

Date:	2/17/2022
Your Name:	Felix Naughton
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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	Time frame: Since the initial planning of the work		
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing,	NIHR	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received.
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	NHS Norfolk and Waveney CCG	Pump priming funding for a Quit for Ramadan project, which could include adapted support form Quit Sense – payments to institution.
		NIHR	I am in receipt of research grants paid by NIHR to my institution (UEA). Projects and the funds are overseen by independent oversight groups – payments to institution.

		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)
3	Royalties or licenses	None None	
4	Consulting fees	ResMed (consultancy project) – a medical equipment manufacturing company	In 2019, I led a small consultancy project designing the concept for a smoking cessation app which connects to a inhaled nicotine delivery device. Received a personal payment of £2,415.
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	

ľ		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)
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	Image: square of the property o	
13	Other financial or non-financial interests	Smoke Free app Scientific Committee	I am a non-paid member of the Smoke Free app scientific committee
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.			

3 12/13/2021 ICMJE Disclosure Form

Date:	3/15/2022
Your Name:	Garry Barton
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None 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	

		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)	
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	An active member in a CTU funded by NIHR (Norwich CTU) ends 31/08/21	Income received via employment at UEA (where CTU is based).	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: \[\sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/16/2022
Your Name:	Juliet High
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None □	

		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)
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	

		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)
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	
Plea	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.		

Date:	3/16/2022
Your Name:	Kelly Grant
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)
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	
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.			

	ICIVISE DISCEOSORE I O	IVIAI		
Date:	4/21/2022	4/21/2022		
Your Name:	Lee shepstone	Lee shepstone		
Manuscript Title:	1	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)		
Manuscript Number (if know	vn): Click or tap here to enter text.			
content of your manuscript. affected by the content of th indicate a bias. If you are in The author's relationships/ac epidemiology of hypertensio that medication is not mention In item #1 below, report all s	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 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.			
Nai	me all entities with whom you have this	Specifications/Comments (e.g., if payments were		

		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	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 NIHR Time frame: past 36 months	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIHR	Numerous Grants
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None Output Outp
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member of a number of non-commercial trial TSCs and DMCs
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Output Outp

		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)
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	
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.			

Date:	3/15/2022
Your Name:	Tim Coleman
Manuscript Title:	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)
Manuscript Number (if known):	Click or tap here to enter text.

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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.	Nihr	Payments made to my institution as part of a research grant funding the project. Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIHR	I am in receipt of other research grants paid by NIHR to my institution (University of Nottingham). The projects these fund are overseen by independent oversight groups and there is no possibility of personal gain.

		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)
ъ	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None British Medical Association ■	I was paid £100 for writing a 'BMJ Learning' module focused on NICE smoking cessation guidelines. This was a personal payment.
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,	□ None	

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea [⊠]	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.		

Date:		3/25/2022				
Your Name:		Stephen Sutton				
Manuscript Title:		· · · · · · · · · · · · · · · · · · ·	Feasibility randomised controlled trial of a smoking cessation smartphone app that delivers 'context aware' behavioural support in real time (Quit Sense)			
Manuscript Number (if known):		(n): Click or tap here to enter text.	Click or tap here to enter text.			
con affe	ntent of your manuscript. ected by the content of th	"Related" means any relation with for-profit or in the manuscript. Disclosure represents a commitm	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi		n, you should declare all relationships with manu	es/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	tem #1 below, report all s me for disclosure is the pa	upport for the work reported in this manuscript st 36 months.	without time limit. For all other items, the time			
		me all entities with whom you have this ationship 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 planni	ng of the work			
1	1 All support for the present					
	'					
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	IHR	Funding from the Public Health Research programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.			
	funding, provision of study materials, medical writing, article processing charges, etc.)	IHK	programme to undertake the research. Payments given to institution - no personal payment received.			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 mo	programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.			
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		programme to undertake the research. Payments given to institution - no personal payment received. Click the tab key to add additional rows.			

		Name all entities with whom y relationship or indicate none (Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
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	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
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				
Plea	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.						