Date:25 th August 2021_	
Your Name:Til Wykes_	-
Manuscript Title: Resi	lience and recovery through enhancing cognition and quality of life in early psychosis: The
ECLIPSE research program	nme including an RCT
Manuscript number (if kn	own):

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 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)
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.	KCL	Training was developed with resources outside the grant although the evaluations used resources from this grant
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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: 26 th August 2021	
Your Name: Eileen Joyce	
Manuscript Title:	
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 <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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	
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.	Funding	Grant applicant as Co-Cl
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	UK EME/NIHR grant	Co-applicant; funding paid to UCL
	in item #1 above).	UK MRC grant	Co-applicant; funding paid to UCL
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	Trial DMEC Chair	Unpaid participation
	Safety Monitoring Board or	Trial Steering Committee	Unpaid participation
10	Advisory Board	al i i i i i i i i i i i i i i i i i i i	
10	Leadership or fiduciary role in other board, society,	Chair, UK RCPsych Neuropsychiatry Faculty	unpaid
	committee or advocacy group, paid or unpaid	President, International Neuropsychiatry Association	unpaid
		Advisor, Foulkes Foundation	unpaid
		Trustee, Tourette's Action	unpaid
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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:25/08/2021	
Your Name:_Emese Csipke	
Manuscript Title:	
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 <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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	I	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	None	
	processing charges, etc.)		
	No time limit for this item.		
		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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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	: <u></u>	_25/08/2021		
			er	
Man	uscript Titl	le:		
Man	uscript nui	mber (if known):		
relat parti to tr	ted to the dies whose it	content of your n interests may be y and does not no	nanuscript. "Related" me affected by the content	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	following c uscript onl		o the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to th	ne epidemi	ology of hyperte		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
			port for the work reportonth the past 36 months.	ed in this manuscript without time limit. For all other items,
			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 init	ial planning of the work
1	manuscript provision o medical wr	for the present t (e.g., funding, f study materials, iting, article charges, etc.)	X_ None	
		nit for this item.		
	No time iii	ine for this item.		
			Time frame: pa	ast 36 months
2	any entity (ontracts from (if not indicated	_X None	
	in item #1 a	above).		

Royalties or licenses

__X__ None

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
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	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X_ 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:25 th August 2021
Your Name:Andrew Pickles
Manuscript Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis: The
ECLIPSE research programme including an 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 <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)
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.	KCL	Training was developed with resources outside the grant although the evaluations used resources from this grant
		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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

ate:27 August 2021	
our Name:Paul McCrone	_
anuscript Title:	
anuscript 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 <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)	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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options X None	4	Consulting fees	X None
lectures, presentations, speakers bureaus, manuscript writing or educational events			
lectures, presentations, speakers bureaus, manuscript writing or educational events			
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	5	lectures, presentations,	X None
educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None X None X None X None X None X None			
testimony Support for attending meetings and/or travel Reading Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Support for attending Management of Mana		educational events	
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	6		X None
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid			
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None X None	7		X None
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None			
9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None X None			
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None	8		X None
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None			
Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X None			
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	9		X None
in other board, society, committee or advocacy group, paid or unpaid		Advisory Board	
in other board, society, committee or advocacy group, paid or unpaid			
group, paid or unpaid	10		X None
11 Stock or stock options X None			
	11	Stock or stock options	X None
12 Receipt of equipment, X None materials, drugs, medical	12	materials, drugs, medical	X None
writing, gifts or other			
services			
13 Other financial or non- X_ None financial interests	13		X 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: 25/08/2021	
Your Name:_Matteo Cella	
Manuscript Title:	
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 <u>current 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)	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	
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR	V-Nest: Virtual Reality Supported Therapy for the Negative Symptoms of Psychosis NIHR National Institute for Health Research Cella, M., Valmaggia, L., Stahl, D. £181,877.47 1/03/2019 → 28/02/2021

			Building Resilience and Recovery through Enhancing Cognition and quality of Life in the early PSychosEs (ECLIPSE) NIHR National Institute for Health Research Wykes, T., Cella, M., McCrone, P., Pickles, A., Reeder, C., Rose, D. £1,171,563.00 18/12/2014 → 31/03/2021
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings unayor traver		
8	Patents planned, issued or pending	None	
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	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	

	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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: 06/09/21	
Your Name: Rumin	
Manuscript Title:	Developing Training Protocols & Acceptability and Feasibility
Manuscript number	(if known):
In the interest of tra	nsparency, we ask you to disclose all relationships/activities/interests listed below that are
related to the conter	nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third
parties whose intere	sts 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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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)	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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Your Name: Rose Tinch-Taylor

Manuscript Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis:

The ECLIPSE research programme including an 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 <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)	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 charges, etc.)		
	No time limit for this item.		
		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 lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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: 25/08/21_____

You	r Name: Janet Boadu				
Mai	nuscript Title:Resilience and	recovery through enhanc	ing cognition and quality of life in early psychosis: The EG	CLIPSE	
research programme including an RCT					
Manuscript number (if known): RP-PG-0612-20002					
In the relation to the relatio	he interest of transparency, ted to the content of your name ties whose interests may be ransparency and does not nationship/activity/interest, it following questions apply the content only. author's relationships/activity epidemiology of hypertedication, even if that medical	we ask you to disclose all nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. It is preferable that you do the author's relationship wities/interests should be going on you should declare ation is not mentioned in the same are the same as the same are the same as the same are the same ar	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	2	
	time frame for disclosure is	•	a in this manuscript without time innit. For an other item	113,	
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initia	al planning of the work		
1	All support for the present	None	,		
1	manuscript (e.g., funding,	None			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
	No time mint for this item.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			
9	noyunics of ficefises				

		•	_
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
0	Double in a big a part	Nie e	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
4.0			
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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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: 24 August, 2021
Your Name: Gregory A. Aarons
Manuscript Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis: The ECLIPSI
research programme including an 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 <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)
All support for the present		pranting of the work
	None	
provision of study materials,		
medical writing, article		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	None	
any entity (if not indicated		
in item #1 above).		
Royalties or licenses	None	
	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Time frame: past Grants or contracts from any entity (if not indicated in item #1 above).

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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:	26 August
Your Nam	ne: Max Birchwood
	pt Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis: The research programme including an RCT
	. · · · · · · · · · · · · · · · · · · ·
Manuscri	pt 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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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.) No time limit for this item.	NIHR Applied Research Network- West Midlands NIHR Collaboration for Leadership in Applied Healthcare Research -West Midlands (NIHR CLAHRC- WM)	Support via University of Warwick
		Time frame: past	36 months
2		None	

	Grants or contracts from any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	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:
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

	_31 August 2021 Prof Sue Dopsor	 					
	tle: The organisa	 te of NHS I	Early Inter	vention Se	ervices (EIS)	for psychosis: A	qualitative
Manuscript nu	umber (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 lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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:25/08/2021	
Your Name:David Fowler_	
Manuscript Title:	
Manuscript number (if known):	
· · · · · · · · · · · · · · · · · · ·	

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		Time frame: past	36 months
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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
-	Constant for attending	Nana	
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	None	
	Advisory Board		
10	Landaushin au fidusiamu usla	Nege	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	Notie	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

 $oxdot$ i certify that I have answered every question and have not altered the wording of any of ${f t}$	ne questions on this
form.	

Your Name:	Prof Kathryn Greenwood
Manuscript Title:_	Resilience and recovery through enhancing cognition and quality of life in early psychosis: The
ECLIPSE research	programme including an RCT
Manuscript numb	er (if known): RP-PG-0612-20002
	ransparency, we ask you to disclose all relationships/activities/interests listed below that are

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	X
3	Royalties or licenses	None	X

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

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form.
Kalling Geonwood

Date:	27 th August 2021	 	
Your Name:	(Isabella) Sonia Johnson		
Manuscript Ti	itle:		
Manuscript nu	umber (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).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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

Date:25/08/2021	
Your Name:Jesus Perez	
Manuscript Title:	
Manuscript number (if known):_	

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3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
-	Constant for attending	Nana	
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	None	
	Advisory Board		
10	Landaushin au fidusiamu usla	Nege	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	Notie	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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form.	

Date:25/08/2021		
Your Name:	Dr Rosa Ritunnano	
Manuscript Title:		
Manuscript number (if known):_		

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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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_ None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
4.5	services		
13	Other financial or non- financial interests	X None	

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Date:25/08/2021			
Your Name:Andrew Thompson			
Manuscript Title:			
Manuscript number (if known):			

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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 None Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Wellcome Trust - Psychosis Flagship Research Grant	\$2.7 million grant to establish a trials network and clinical registry in early psychosis
3	Royalties or licenses	None	

4	Consulting fees	Otsuka	Consulting fee for being part of a focus group on medication for first episode psychosis
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Servier Pty Ltd	Honoraria payment to me for a lecture on early psychosis
	educational events		
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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
13	Other financial or non- financial interests	None	
	imanciai 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:25 th August 2021
Your Name:Rachel Upthegrove
Manuscript Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis: Tl
ECLIPSE research programme including an RCT
Manuscript number (if known):

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		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)
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.	KCL	Training was developed with resources outside the grant although the evaluations used resources from this grant
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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Date: 24 th Augus	t 2021
Your Name: Dr Joi	
	Resilience and recovery through enhancing cognition and quality of life in early psychosis: The ogramme including an RCT
Manuscript number (if known):
related to the conten parties whose interes	isparency, we ask you to disclose all relationships/activities/interests listed below that are it of your manuscript. "Related" means any relation with for-profit or not-for-profit third sts may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a

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		Time frame: Since the initial	planning of the work
1	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

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Date:25 th August 2021	
Your Name:Clare Reeder	
Manuscript Title: Resilience and recovery through enhancing cognition and quality of life in early psychosis: 1	۲he
ECLIPSE research programme including an RCT	
Manuscript number (if known):	

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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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
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	None	
	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, materials, drugs, medical	None	
	writing, gifts or other		
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13	Other financial or non- financial interests	None	

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