

ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Dr Katie Breheny

Manuscript Title: Click or tap here to enter text.

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.

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.

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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.

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Ruth Salway

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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		Institute of Public Care, Oxford Brookes University	statistical consultancy
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Danielle House

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Dr Robert Walker

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Dr Lydia Emm-Collison

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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 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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Project funded by NIHR</td> <td>Public Health Research Programme project 131847</td> </tr> <tr> <td>Wellcome trust Elizabeth Blackwell Early Career Fellowship</td> <td>At the time of planning this work I was in receipt of a fellowship grant via Wellcome trust to explore children's perspectives on their physical activity with a view to informing future intervention development</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Project funded by NIHR	Public Health Research Programme project 131847	Wellcome trust Elizabeth Blackwell Early Career Fellowship	At the time of planning this work I was in receipt of a fellowship grant via Wellcome trust to explore children's perspectives on their physical activity with a view to informing future intervention development	Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ESRC thinking futures</td> <td>Receipt of £3000 to run an event with children and young people in a deprived area of Bristol to explore their perceptions of physical activity in their local area (no direct payment to me)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	ESRC thinking futures	Receipt of £3000 to run an event with children and young people in a deprived area of Bristol to explore their perceptions of physical activity in their local area (no direct payment to me)				
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Women in Sport	Payment for expert advice for the forum on primary school girls' physical activity (personal payment)
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> 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)
	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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.

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Kate Marie Sansum

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Jo Williams

Manuscript Title: UK children and adults' health-related quality of life, capability wellbeing, financial strain and physical activity in the short and medium term post-lockdown phases of the COVID-19 pandemic

Manuscript Number (if known): NIHR135714

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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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Frank de Vocht

Manuscript Title: Click or tap here to enter text.

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.

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		perception in children and workers through stakeholder engagement.							
		World Health Organization. Analysis and response to climate change impacts on health systems in the Western Pacific Region	institution						
		NIHR School for Public Health Research 3. Understanding inequalities in harm within the night-time economy.	institution						
		EPA Ireland. Public exposure to non-ionising radiation from major electricity infrastructure in Ireland.	institution						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Electric Power Research Institute</td> <td style="width: 50%;">personal</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		Electric Power Research Institute	personal				
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NIHR PHR Funding board	Unpaid
		Health council of the netherlands	Unpaid
		COMARE	unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Russell Jago

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

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		EPSRC: - A novel Physical Activity School-Specific PORTfolio intervention evaluated via a stepped wedge design to increase children's physical activity at a population level	institution						
		UKRI: COVID-19 Mapping and Mitigation in Schools	institution						
		Wellcome Trust & MRC: The Avon Longitudinal Study of Parents and Children (ALSPAC): A multi-generation, longitudinal resource focusing on life course health and well-being. Longitudinal Population Study support (institution						
		NIHR: PHR A multicentre cluster randomised controlled trial to evaluate the effectiveness and cost-effectiveness of an environmental nutrition and physical activity intervention in nurseries	institution						
		EU CHITN: The Walking in Schools (WISH) Trial", Cross-border Healthcare Intervention Trials in Ireland Network	institution						
		Scottish Chief Scientist Office: Feasibility Of An Intervention Co-Supporting Children and Fathers in Health Behaviour Change and Maintenance Following Father's Participation in Football Fans in Training: FFITer families	institution						
		NIHR PHR: A cluster randomised controlled trial of a Peer-Led Activity iNtervention for Adolescent girls (PLAN-A)	institution						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		NIHR Public Health Research Funding Board	Russell Jago was a member of the NIHR Public Health Research Funding Board from 01/06/2014 to 12/10/2021.
		PHR Prioritisation Group	Russell Jago was a member of the PHR Prioritisation Group 11/10/2019 – 12/10/2021
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	

		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)
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: William Hollingworth

Manuscript Title: Click or tap here to enter text.

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.

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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		William Hollingworth was a member of the HTA Clinical Evaluation and Trials Committee 01/07/2016-31/03/2021.	

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