ICMJE DISCLOSURE FORM

Date: 01/12/2022

Your Name: Professor Garry Tew

Manuscript Title: Yoga for older adults with multimorbidity: RCT with embedded economic and process evaluations

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.

		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 Health Technology Assessment (HTA) programme (award 17/94/36)	Payment for research time made to Northumbria University and York St John University
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Tees, Esk and Wear Valleys NHS Foundation Trust – Research Capability Funding. Sept 2022 – Mar 2023. £17,851. Physical activity in users of inpatient mental health services.	Payment for research time made to York St John University
		Tees, Esk and Wear Valleys NHS Foundation Trust – Research Capability Funding. Sept 2022 – Mar 2023. £8,600. Finding out about barriers and facilitators to people with severe mental illness using the NHS Couch to 5K programme, participating and volunteering at parkrun.	Payment for research time made to York St John University

		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)
		National Institute for Health and Care Research – Programme Grant for Applied Research. 2021-2026. £2,525,160. Supporting Physical Activity through Co-production in people with Severe Mental Illness (SPACES).	Payment for research time made to Northumbria University and York St John University
		Sport England/Macmillan Cancer Support. Jun 2019 – Mar 2022. £215,724. Development and testing of a digital, facilitated self-management, prehabilitation platform to improve patient fitness and wellbeing prior to cancer surgery.	Payment for research time made to Northumbria University and York St John University
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

		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	☒ **None**	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-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.