

ICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Fiona Louise Hamilton

Manuscript Title: Design and deployment of Digital Health Interventions (DHIs) to reduce the risk of the Digital Divide: a systematic scoping review conducted to inform development of the Living with Covid Recovery (LWR) DHI

Manuscript Number (if known): 10-ART-NIHR132243

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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Date: 3/5/2025

Your Name: Sumayyah Imran

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Your Name: Aamina Mahmood

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Your Name: Joanna Dobbin

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ICMJE DISCLOSURE FORM

Date: 9/28/2023

Your Name: Katherine bradbury

Manuscript Title: Supported remote rehabilitation post Covid-19: development, deployment and evaluation of a digitally-enabled rehabilitation programme.

Manuscript Number (if known): 10-ART-NIHR132243

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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ICMJE DISCLOSURE FORM

Date: 3/5/2025

Your Name: Shoba Poduval

Manuscript Title: Design and deployment of Digital Health Interventions (DHIs) to reduce the risk of the Digital Divide: a systematic scoping review conducted to inform development of the Living with Covid Recovery (LWR) DHI

Manuscript Number (if known): 10-ART-NIHR132243

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ICMJE DISCLOSURE FORM

Date: 3/5/2025

Your Name: Jamie Scuffell

Manuscript Title: Design and deployment of Digital Health Interventions (DHIs) to reduce the risk of the Digital Divide: a systematic scoping review conducted to inform development of the Living with Covid Recovery (LWR) DHI

Manuscript Number (if known): 10-ART-NIHR132243

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ICMJE DISCLOSURE FORM

Date: 3/5/2025

Your Name: Fred Thomas

Manuscript Title: Design and deployment of Digital Health Interventions (DHIs) to reduce the risk of the Digital Divide: a systematic scoping review conducted to inform development of the Living with Covid Recovery (LWR) DHI

Manuscript Number (if known): 10-ART-NIHR132243

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ICMJE DISCLOSURE FORM

Date: 8/16/2021

Your Name: Prof Fiona Stevenson

Manuscript Title: **Supported remote rehabilitation post Covid-19: development, deployment and evaluation of a digitally-enabled rehabilitation programme.**

Manuscript Number (if known): NIHR135820

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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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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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