

Andrea Ward ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Andrea Ward

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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: 4/19/2023

Your Name: Emma J Adams

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Rupinder Kaur Bajwa

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

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Date: 4/19/2023

Your Name: Lyndsay Beck

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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> </table>									
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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)
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	

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: 4/19/2023

Your Name: Vicky Booth

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 7/24/2024

Your Name: Alessandro Bosco

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Trevor Bramley

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Andrew Brand

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 7/24/2024

Your Name: Clare Burgon

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Dr Alison Cowley

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Claudio Di Lorito

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Carol Duff

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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

CDuff

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Marianne C. Dunlop

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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

ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Rhiannon Tudor Edwards

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Victory Ezeofor

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: John Gladman

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 4/19/2023

Your Name: Maureen Godfrey

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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: 4/19/2023

Your Name: Sarah Goldberg

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Annette Haddon-Silver

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Dr Jennie Hancox

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 4/19/2023

Your Name: Dr Martyn Harling

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Ned Hartfiel

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Rowan H Harwood

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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	
		Member, Gosport Memorial Hospital Criminal Enquiry Medical Expert Panel	
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 type="checkbox"/> None	
		NIHR Pathfinder study	Data monitoring committee, non-drug interventions for depression in dementia
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Ex-member of NIHR HTA PCCPI Panel	
		Editor in chief Age and Ageing	Remunerated by British Geriatrics Society

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Zoë Hoare

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 4/19/2023

Your Name: Victoria Hood

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Louise Howe

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Dr Kehinde Junaid

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PRAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Fiona Kearney

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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> </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	

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: 4/19/2023

Your Name: Katarzyna Kowalewska

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Juliette Lock

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Pip Logan

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIHR Senior Investigator Award	Paid to employer
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Annabelle Long

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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>							
13	Other financial or non-financial interests	<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>							

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: 7/24/2024

Your Name: Marie Ward

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Tahir Masud

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Roshan Das Nair

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 60%;">Grants from the NIHR, MS Society, Wellcome Trust, Norwegian Directorate for Children, Youth and Families, Stroke Association</td> <td>Payments made to my institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grants from the NIHR, MS Society, Wellcome Trust, Norwegian Directorate for Children, Youth and Families, Stroke Association	Payments made to my institution				
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3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Royalties from my book: Intersectionality, Sexuality, and Psychological Therapies (Wiley/Blackwell)</td> <td>Payments made to me</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Royalties from my book: Intersectionality, Sexuality, and Psychological Therapies (Wiley/Blackwell)	Payments made to me				
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Speakers bureau from Merck, Novartis, and Biogen	Payments made to me
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Payments from Merck, Novartis, and Biogen for travel to speak at their meetings	Payments made to me
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	
		Chairing the NIHR Research for Patient Benefit (East Midlands)	Paid to me

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Dr Rebecca O'Brien

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Martin Orrell

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Kristian Pollock

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Kate Robertson

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Helen Smith

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 4/19/2023

Your Name: Simon Thacker

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Rachael Tucker

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Kavita vedhara

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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: 7/24/2024

Your Name: Robert Vickers

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Veronika van der Wardt

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Tomas James Welsh

Manuscript Title: Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment: the PrAISED research programme, including a randomised controlled trial, process, realist and economic evaluations

Manuscript Number (if known): NIHR PGfAR – RP-PG-0614-20007

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