

ICMJE DISCLOSURE FORM

Date: 1/31/2025

Your Name: Ashley Brown

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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.

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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 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: 2/18/2025

Your Name: Alastair H Leyland

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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

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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: 2/18/2025

Your Name: Catherine Best

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		<input type="checkbox"/> I am a member of the DMEC for HTA Project: NIHR129627 - Do e-cigarettes help smokers quit when not accompanied by intensive behavioural support?	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Dr Catriona Connell

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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

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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	
		National Institute for Health Research	NIHR Health Services and Delivery Research Funding board

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ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Dr Clair woods-Brown

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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

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ICMJE DISCLOSURE FORM

Date: 2/2/2025

Your Name: Dr Evangelia Demou

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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

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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)
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	
		NIHR [PHR Project: NIHR 131613]	Payments made to my institution
		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).	<input type="checkbox"/> None	
		Medical Research Council (MC_UU_00022/2)	Payments made to my institution
		Chief Scientist Office (SPHSU17)	Payments made to my institution
3	Royalties or licenses	<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)						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Honorary Treasurer for the Society for Social Medicine and Population Health 2020-2023</td> <td>Unpaid</td> </tr> <tr> <td>Co-chair of the organizing committee for the Annual Scientific Meeting of the Society for Social Medicine and Population Health (2024)</td> <td>Unpaid</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Honorary Treasurer for the Society for Social Medicine and Population Health 2020-2023	Unpaid	Co-chair of the organizing committee for the Annual Scientific Meeting of the Society for Social Medicine and Population Health (2024)	Unpaid			
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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: 1/31/2025

Your Name: Jill Pell

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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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: 2/3/2025

Your Name: [Kathryn Angus]

Manuscript Title: [Maximising the benefits of smokefree prisons: a mixed methods study]

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 10/8/2025

Your Name: Professor Kathleen A Boyd

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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		Funding from What Works for Childrens Social Care for Economics components of Pfc study	University of Glasgow						
		Funding from Public Health Scotland for Housing Quality & Health project	University of Glasgow						
		Funding from NIHR HTA for Health Economics components of STOPPIT-3 study NIHR131352	University of Glasgow						
		Funding from NIHR HTA for Health Economics components of the CHOICE study	University of Glasgow						
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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Steering group member 'Policy Roundtable on Child Health', Academy of Medical Sciences, May - June 2023	No payments
		'CSO HIPS funding panel June 2024 - present	No payments
		NIHR BMBR funding panel Jan 2025 - present	No payments
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: 2/12/2025

Your Name: Professor Kate Hunt

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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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%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR129791; NIHR129703; COV-LT2-0005</td> <td>Payments to institution for unrelated projects</td> </tr> <tr> <td>CSO HIPS 23/08; HIPS21/54</td> <td>Payments to institution for unrelated projects</td> </tr> <tr> <td>Australian Heart Foundation</td> <td>Co-applicant – no payment – unrelated project</td> </tr> </table>	NIHR129791; NIHR129703; COV-LT2-0005	Payments to institution for unrelated projects	CSO HIPS 23/08; HIPS21/54	Payments to institution for unrelated projects	Australian Heart Foundation	Co-applicant – no payment – unrelated project
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		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)
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 checked="" type="checkbox"/> None [[[
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None [Travel expense to attend meeting of CSO funding committee	Reimbursement of costs incurred
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 [Chair, CSO HIPS Funding Committee Member, Covid-19 reviewing	

		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.

ICMJJE DISCLOSURE FORM

Date: 2/20/2025

Your Name: Professor Linda Bauld

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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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%;">Grant for the project from NIHR</td> <td style="width: 50%;">Payment to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Grant for the project from NIHR	Payment to institution			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%;">Behavioural Research UK - ESRC</td> <td style="width: 50%;">Payment to institution</td> </tr> <tr> <td>SPECTRUM Consortium – UKPRP (MRC)</td> <td>Payment to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Behavioural Research UK - ESRC	Payment to institution	SPECTRUM Consortium – UKPRP (MRC)	Payment to institution		
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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)
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 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 type="checkbox"/> None	
		<input type="checkbox"/> LB was a member of PHR Research Funding Board	

		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: 2/4/2025

Your Name: Nancy Loucks

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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.

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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> </table>							
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6	Payment for expert testimony	<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>							
7	Support for attending meetings and/or travel	<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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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: 2/3/2025

Your Name: Nicola McMeekin

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%; padding: 2px;">[</td> <td></td> </tr> <tr> <td style="padding: 2px;"> </td> <td></td> </tr> <tr> <td style="padding: 2px;"> </td> <td></td> </tr> </table>	[
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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: 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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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: 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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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: 2/3/2025

Your Name: Rachel O'Donnell

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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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: 60%;">Scottish Government Chief Scientist Office</td> <td>Paid to University</td> </tr> <tr> <td>Medical Research Council (PHIND)</td> <td>Paid to University</td> </tr> <tr> <td>UKRI</td> <td>Paid to University</td> </tr> <tr> <td>NIHR PHR</td> <td>Paid to University</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Scottish Government Chief Scientist Office	Paid to University	Medical Research Council (PHIND)	Paid to University	UKRI	Paid to University	NIHR PHR	Paid to University		
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Institute for Public Health Ireland</td> <td>Paid to University</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Institute for Public Health Ireland	Paid to University					
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Global Engagement Research Fund (internal funds)</td> <td>Paid to University</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Global Engagement Research Fund (internal funds)	Paid to University					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Scottish Government Short life working group – Tobacco Action Plan</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Scottish Government Short life working group – Tobacco Action Plan						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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.

ICMJJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Sean Semple

Manuscript Title: Maximising the benefits of smokefree prisons: a mixed methods study

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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<small>Click the tab key to add additional rows.</small>											
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%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Scottish Government Chief Scientist Office</td> <td style="padding: 2px;">Paid to University</td> </tr> <tr> <td style="padding: 2px;">Medical Research Council (PHIND)</td> <td style="padding: 2px;">Paid to University</td> </tr> <tr> <td style="padding: 2px;">UKRI</td> <td style="padding: 2px;">Paid to University</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;">Paid to University</td> </tr> </table>	Scottish Government Chief Scientist Office	Paid to University	Medical Research Council (PHIND)	Paid to University	UKRI	Paid to University		Paid to University
Scottish Government Chief Scientist Office	Paid to University										
Medical Research Council (PHIND)	Paid to University										
UKRI	Paid to University										
	Paid to University										
3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">[Wiley Publishing for Textbook: Monitoring Health Hazards in Work]</td> <td style="padding: 2px;">Paid to me</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>	[Wiley Publishing for Textbook: Monitoring Health Hazards in Work]	Paid 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)						
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Institute of Public Health Ireland</td> <td>Paid to University</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Institute of Public Health Ireland	Paid to University					
Institute of Public Health Ireland	Paid to University								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Visiting Professor at UPM and UMT (two Malaysian universities)</td> <td>Travel and subsistence costs paid directly to me</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Visiting Professor at UPM and UMT (two Malaysian universities)	Travel and subsistence costs paid directly to me					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Scottish Government Short life working group – Tobacco Action Plan</td> <td>None</td> </tr> <tr> <td>Scottish Government Tobacco Oversight Group</td> <td>None</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Scottish Government Short life working group – Tobacco Action Plan	None	Scottish Government Tobacco Oversight Group	None			
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Scottish Government Tobacco Oversight Group	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)
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.