ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katherine
2. Surname (Last Name) Connelly
3. Date 04-May-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Blaine Reeder

5. Manuscript Title Evaluation Framework for Selecting Wearable Activity Monitors for Research
6. Manuscript Identifying Number (if you know it) mHealth-19-253

Section 2. The Work Under Consideration for Publication

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Dr. Connelly has nothing to disclose.

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Connelly
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Haley
2. Surname (Last Name)  Molchan
3. Date  01-May-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Blaine Reeder

5. Manuscript Title
Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)
mHealth-19-253

Section 2. The Work Under Consideration for Publication

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Haley Molchan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rashmi Ranjan
2. Surname (Last Name) Bidanta
3. Date 30-April-2020
4. Are you the corresponding author? ✔ Yes □ No

5. Manuscript Title
Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Mr. Bidanta has nothing to disclose.

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<tr>
<td>Sudhanshu</td>
<td>Siddh</td>
<td>03-May-2020</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name

Blaine Reeder

5. Manuscript Title

Evaluation Framework for Selecting Wearable Activity Monitors for Research

6. Manuscript Identifying Number (if you know it)

mHealth-19-253

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Mr. Siddh has nothing to disclose.

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<tr>
<td>Byron</td>
<td>Lowens</td>
<td>28-April-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
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1. **Given Name (First Name)**  
   Kelly

2. **Surname (Last Name)**  
   Caine

3. **Date**  
   05-May-2020

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author’s Name  
   Blaine Reeder

5. **Manuscript Title**  
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- [x] Yes  
- [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Caine reports a grant from NSF (1405723) during the conduct of the study.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   George
2. Surname (Last Name)  
   Demiris
3. Date  
   04-May-2020
4. Are you the corresponding author?  
   □ Yes  
   ✔ No
   Corresponding Author’s Name  
   Blaine Reeder
5. Manuscript Title  
   Evaluation Framework for Selecting Wearable Activity Monitors for Research
6. Manuscript Identifying Number (if you know it)  
   mHealth-19-253

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
   □ Yes  
   ✔ No

**Section 3. Relevant financial activities outside the submitted work.**

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**Section 4. Intellectual Property -- Patents & Copyrights**

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   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Demiris has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Katie
2. Surname (Last Name)  Siek
3. Date  28-April-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title  Evaluation Framework for Selecting Wearable Activity Monitors for Research
6. Manuscript Identifying Number (if you know it)  mHealth-19-253

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Are there any relevant conflicts of interest?  Yes

Katie Siek
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**Section 4.** Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Siek reports grants from National Science Foundation, grants from National Science Foundation, grants from Indiana University, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Blaine
2. Surname (Last Name)  Reeder
3. Date  05-May-2020
4. Are you the corresponding author?  ✔ Yes  □ No
5. Manuscript Title
Evaluation Framework for Selecting Wearable Activity Monitors for Research
6. Manuscript Identifying Number (if you know it)
mHealth-19-253

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Dr. Reeder has nothing to disclose.

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