

ICMJE DISCLOSURE FORM

Date: 03/10/2021

Your Name: Anna Y Kharmats

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	This study was funded by the Lerner Center for Public Health Promotion.
			Pre-doctoral Johns Hopkins CLF-Lerner Fellowship (which supported my training at Johns Hopkins University)
			Postdoctoral training grant from the National Institutes of Health (5T32HL129953-04).
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	see above

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

AK received doctoral training funding from the Johns Hopkins CLF-Lerner Fellowship, and a postdoctoral training grant from the National Institutes of Health (5T32HL129953-04). The Lerner Center for Public Health Promotion was not involved in analysis or interpretation of the study results. The content of this manuscript is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Please place an "X" next to the following statement to indicate your agreement:

X_ 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: 3/29/2021

Your Name: Chan Wang

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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Time frame: past 36 months			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

No conflict of interest

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 3/24/2021

Your Name: Laura Fuentes

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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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.	Johns Hopkins Bloomberg School of Public Health Lerner Center for Public Health Promotion	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

The author reports funding for this study from the Johns Hopkins Bloomberg School of Public Health Lerner Center for Public Health Promotion.

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: 3/29/2021

Your Name: Lu Hu

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH K99/R00 MD012811	Lu Hu (PI)
		NY Regional Center for Diabetes Translation Research	Lu Hu (pilot PI)
		PI R01 NR018916	Lu Hu (co-I)
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	NIH K99/R00 MD012811	Lu Hu (PI)
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

Please summarize the above conflict of interest in the following box:

LH received NIH funding (MD012811, NR018916) and funding from the New York Regional Center for Diabetes Translation Research. The content of this manuscript is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Please place an "X" next to the following statement to indicate your agreement:

__X__ 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: 3/29/2021

Your Name: TINA KLINE

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: 3/4/2021

Your Name: Kevin Welding

Manuscript Title: Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial

Manuscript number (if known): mHealth-21-3-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author reports salary support for this study from the Lerner Center for Public Health Promotion at Johns Hopkins.

No conflicts related to the content of this manuscript.

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ICMJE DISCLOSURE FORM

Date: 03/29/2021

Your Name: **Lawrence J. Cheskin, MD**

Manuscript Title: **Monday-Focused Tailored Rapid Interactive Mobile Messaging for Weight Management 2 (MTRIMM2): Results from a Randomized Controlled Trial**

Manuscript number (if known): **mHealth-21-3-R1**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	see above
3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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 summarize the above conflict of interest in the following box:

LJC received funding for the study reported in this paper from the Lerner Center for Public Health Promotion; the Lerner Center was not involved in analysis or interpretation of the study results.

Please place an "X" next to the following statement to indicate your agreement:

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