12/30/2024

Date:

Your Name:			Jacqueline J. Claus		
Manuscript Title:			Public attitudes towards dementia risk prediction: a mixed-methods study		
Manuscript Number (if known):		known):	ADJ-D-24-02212R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		of the man of the man re in doubt ps/activition ension, you nentioned t all suppo	nted" means any relation with for-profit or reduscript. Disclosure represents a commitment about whether to list a relationship/activities/interests should be defined broadly. For u should declare all relationships with manual in the manuscript.	des/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily sy/interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
		relations	entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	private ZonMW	rk is funded by ABOARD, which is a public- partnership receiving funding from (#73305095007) and Health~Holland, or Life Sciences & Health (PPP-allowance;	Paid to institution	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations,	None None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending	□ None
	meetings and/or travel	Alzheimer Nederland for attending the European Alzheimer Academy Workshop Payment to self (500€)
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	⊠ None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or fiduciary role in	⊠ None
	other board,	
	society, committee or	
	advocacy group,	
	paid or unpaid	

11	Stock or stock options	■ None		
12	Receipt of equipment,	None		
	materials, drugs,			
	medical writing,			
	gifts or other services			
13	Other financial or non-financial	None		
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
	oxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

12/31/2024

Date:

Your Name:			Mathijs Thomas Rosbergen		
Manuscript Title:			Public attitudes towards dementia risk prediction: a mixed-methods study		
Manuscript Number (if known):		known):	ADJ-D-24-02212R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		of the man of the man re in doubt ips/activition ension, you nentioned t all suppo	nted" means any relation with for-profit or reduscript. Disclosure represents a commitment about whether to list a relationship/activities/interests should be defined broadly. For u should declare all relationships with manual in the manuscript.	res/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily sy/interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as	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	[□ No	ne		
	manuscript (e.g., funding, provision of study materials, medical writing,	private ZonMW	rk is funded by ABOARD, which is a public- partnership receiving funding from (#73305095007) and Health~Holland, or Life Sciences & Health (PPP-allowance; 20106	Payment to institution	
	article processing charges, etc.)			Citable and leaves and additional cons	
	No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures,	None ■	
	presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or educational		
	educational		
		T 1	
6	Payment for	None	
	expert testimony		
7	Support for	□ None	
	attending		
	meetings and/or	Received a travel grant for attending AAIC from	Payment to self
	travel	Alzheimer Nederland	
8	Patents planned, issued or	⊠ None	
	pending		
	Dortioisatias	None	
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	⊠ None	
10	fiduciary role in	[EZ] 140HE	
	other board,		
	society,		
	committee or		

	advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:	8/27/2021
Your Name:	Jolande van Heemst
Manuscript Title:	Public attitudes towards dementia risk prediction: a mixed-methods study
Manuscript Number (if known):	ADJ-D-24-02212R1

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		Time frame: Since the initial planning	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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ICMJE DISCLOSURE FORM

Date: 12/28/2024

Your Name: Meike Willemijn Vernooij

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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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
All support for the present	□ None	
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	This work is funded by ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences & Health (PPP-allowance; #LSHM20106).	Paid to institution
No time limit for this item.	This research project was supported by a Medical Delta grant (Medical Delta 3.0 Program).	Paid to institution
		Click the tab key to add additional rows.
	Time frame: past 36 month	ns
Grants or contracts from	□ None	
any entity (if not indicated in item #1 above).	Meike Vernooij receives funding from a ZonMw Memorabel grant (no. 733050817).	Paid to institution
	Meike Vernooij is recipient of TAP-dementia, a ZonMw funded project (#10510032120003) in the context of the Dutch National Dementia Strategy.	Paid to institution
Royalties or licenses	None None	
Consulting fees	None Non	
Payment or	□ None	
lectures, presentations, speakers bureaus, manuscript writing or	Honorarium for an educational lecture to EISAI company (topic unrelated to the present manuscript)	Paid to institution
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Consulting fees Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	Time frame: Since the initial planning 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. Time frame: Since the initial planning None This work is funded by ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences & Health (PPP-allowance; #LSHM20106). This research project was supported by a Medical Delta grant (Medical Delta 3.0 Program). Time frame: past 36 montered with the program of the past of the

		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)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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)

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ICMJE DISCLOSURE FORM

Date: 12/30/2024

Your Name: Marije J. Splinter

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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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
	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	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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)

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Date: 8/27/2021

Your Name: Muhammed Arfan Ikram

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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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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		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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	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)
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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 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.		

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments wer made to you or to your institution)
In item #1 below, report frame for disclosure is th	all support for the work reported in this manuscript we past 36 months.	vithout time limit. For all other items, the time
epidemiology of hyperte	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned in the manuscript.	
content of your manuscraffected by the content	arency, we ask you to disclose all relationships/activition ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily
Manuscript Number (if l	known): ADJ-D-24-02212	
Manuscript Title:	Public attitudes towards dementia risk pre	diction: a mixed-methods study
our Name: Frank J Wolters		
Date:	12/30/2024	

Time frame: Since the initial planning of the work

All support for the

manuscript (e.g.,

present

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)
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ABOARD partnership funded by the Netherlands Organisation for Health Research and Development (ZonMw), Health Holland, and Topsector Life Sciences & Health.	Payment to institution
	this item.	The Netherlands Oranisation for Health Research and Development (ZonMw) (BIRD- NL-10510032120005)	Payment to institution
			Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).	The Netherlands Organisation for Health Research and Development (ZonMw) (Veni 09150162010108)	Payment to institution
		Alzheimer's Association (AARF-22-924982)	Payment to institution
		The Netherlands Oranisation for Health Research and Development (ZonMw) (BIRD- NL-10510032120005)	Payment to institution
		Dutch Heart Foundation (CVON2018-28)	Payment to institution
		Cure Alz Fund	Payment to institution
		Erasmus Trust Fund Alzheimer Nederland (WE.03-2023-16)	Payment to institution Payment to institution
3	Royalties or licenses	None	
4	Consulting fees	⊠ None	
5	Payment or honoraria for	None	
	lectures,		
	presentations,		
	speakers bureaus,		
	manuscript		
	writing or		
	educational events		
	EVEITES		

		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)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	European Medicines Agency Health Council of the Netherlands	Payment to self, for a total of less than €500,- including travel expenses Payment to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ISTAART professional interest area on vascular cognitive disorders executive committee The International Society of Vascular Behavioural and Cognitive Disorders (VasCog) executive committee	Unpaid Unpaid
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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)
13	Other financial or non-financial interests	None	
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