ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Arenda Mank

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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.

|                      | 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.) | Arenda Mank is appointed at the EU Joint Programme-Neurodegenerative Disease Research (JPND) ADDITION project (ZonMW no. 733051083). |
|                      | ☐ None                                                                                           |                                                                                  |
|                      | No time limit for this item.                                                                     |                                                                                  |
|                      | 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).                        | ☒ None                                                                           |
|                      | ☐ None                                                                                           |                                                                                  |
| 3                    | Royalties or licenses                                                                             | ☒ None                                                                           |
|                      | ☐ None                                                                                           |                                                                                  |
| # | Relationship | Specification/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------|--------------------------------------------------------------------------------|
| 4 | Consulting fees | ☒ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
| 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 |
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 | ☒ 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.
ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Ingrid S van Maurik

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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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| # | 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) |
|---|---|---|
| 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. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
|   | | |
| 3 | Royalties or licenses | ☒ 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                                                                                  | ☐  None                                                                              |
|   |                                                                                                 | Roche                                                                               |
|   |                                                                                                 | Consulting for NTK Hackaton. Fee payed to institution                               |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒  None                                                                              |
| 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                                                                              |
|   | 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 | ☒ 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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| --- | --- |
| **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 |
| | | |
| | | |
| | | 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). | ☐ None |
| | Argonde van Harten was supported by funding from Alzheimer Netherlands, The Alzheimer Drug Discovery Foundation and the VUmc fund. | All funding is paid to her institution. |
| | Argonde van Harten has a collaboration contract with Quanterix corp. | All funding is paid to her institution. |
| 3 | Royalties or licenses | ☒ 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                                                                                   | ☒ None                                                                        |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                        |
| 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                                                                        |
|   | 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 | ☒ 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.
ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Hanneke FM Rhodius-Meester

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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.

| Time frame: Since the initial planning of the work |
|-----------------------------------------------|
| 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) |
| ☒ None |

| Time frame: past 36 months |
|---------------------------|
| Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ None |

| Performs contract research for Combinostics Ltd. | All funding is paid to my institution |
|-----------------------------------------------|-------------------------------------|
| The collaboration project Dementia diagnostics using Artificial Intelligence (DAILY; project number LSHM19123-HSGF) is co-funded by the public–private partnership allowance made available by Health-Holland, Top Sector Life Sciences and Health, to stimulate public–private partnerships. | All funding is paid to my institution |
| I am recipient of the Memorabel Dementia Fellowship 2021 (ZonMw project number 10510022110004). | All funding is paid to my institution |
|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☒ None | |
| 4 | Consulting fees | ☒ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None | |
| 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, | ☒ None | |
| Item | 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                                                                     | ☒ 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.
ICMJE DISCLOSURE FORM

Date: 9/22/2022

Your Name: Charlotte E. Teunissen

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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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| 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 |

| Specifications/Comments (e.g., if payments were made to you or to your 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). |
| ☐ None |

| Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector |

| All payments made to the institution |
| 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) |
| --- | --- |
| Life Sciences & Health (PPP-allowance; LSHM20106). CET has a collaboration contract with ADx Neurosciences, Quanterix and Eli Lilly, performed contract research or received grants from AC-Immune, Axon Neurosciences, BioConnect, Bioorchestra, Brainstorm Therapeutics, Celgene, EIP Pharma, Eisai, Fujirebio, Grifols, Instant Nano Biosensors, Merck, Novo Nordisk, PeopleBio, Roche, Siemens, Toyama, Vivoryon. | |
| 3 Royalties or licenses | ☒ None |
| 4 Consulting fees | ☐ None |
| All payments are made to her institution | |
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
| Roche, Novo Nordisk, Grifols | All payments are made to her institution |
| 6 Payment for expert testimony | ☒ None |
| | |
| 7 Support for attending meetings and/or travel | ☒ 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |
|   | CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation. |                                                                                   |
| 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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☒ 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: 9/22/2022
Your Name: Bart NM van Berckel
Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis
Manuscript Number (if known): DADM-D-22-00142

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|---|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
|   | Time frame: Since the initial planning of the work |                                                                                     |
|   | No time limit for this item. |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
|   | Bart van Berckel has received research support from EU-FP7, CTMM, ZonMw, NWO and Alzheimer Nederland. |                                                                                     |
|   | BvB has performed contract research for Rodin, IONIS, AVID, Eli Lilly, UCB, DIAN-TUI and Janssen |                                                                                     |
|   | Time frame: past 36 months |                                                                                     |
| 3 | Royalties or licenses | ☒ None |

Click the tab key to add additional rows.
|   | 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                                                                                                                   | ☐  None                                                                                                                                 |
|   | Consultancy agreement with IXICO for the reading of PET scans                                                                      |                                                                                                                                       |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                     | ☐  None                                                                                                                                 |
|   | BvB was a speaker at a symposium organized by Springer Healthcare.                                                                     |                                                                                                                                       |
| 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                                                                                                                                 |
|   | 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 □ None                                                                      |                                                                                  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services □ None            |                                                                                  |
| 13| Other financial or non-financial interests □ None                                                 | BvB is a trainer for GE                                                           |

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: 9/22/2022
Your Name: Johannes Berkhof
Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis
Manuscript Number (if known): DADM-D-22-00142

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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|----|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |
|---|------|

| 2  | Grants or contracts from any entity (if not indicated in item #1 above). |

| ☒ | None |
|---|------|

| 3  | Royalties or licenses |

| ☒ | 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 | ☒ None |
|   | [ ] [ ] [ ] [ ] | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
|   | [ ] [ ] [ ] [ ] | |
| 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 |
|   | [ ] [ ] [ ] [ ] | |
|   | 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 | ☒ 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: 9/22/2022

Your Name: Wiesje M van der Flier

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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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.* | ☐ None |
|  | Arenda Mank is appointed at the EU Joint Programme- Neurodegenerative Disease Research (JPND) ADDITION project (ZonMW no. 733051083). |  |
|  | Ingrid van Maurik is appointed at ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences & Health (PPP-allowance; #LSHM20106). |  |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
|  | Research programs of Wiesje van der Flier have been funded by ZonMW, NWO, EU-FP7, EU-JPND, Alzheimer Nederland, Hersenstichting CardioVascular Onderzoek Nederland, Health~Holland, Topsector Life Sciences & Health, stichting Dioraphte, Gieskes-Strijbis fonds, stichting Equilibrio, Edwin Bouw fonds, Pasman stichting, stichting Alzheimer & Neuropsychiatrie Foundation, Philips, Biogen MA Inc, Novartis-NL, Life-MI, AVID, Roche BV, Fujifilm, Combinotics. WF holds the Pasman chair. | All funding is paid to her institution. |
|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | WF has performed contract research for Biogen MA Inc, and Boehringer Ingelheim. | All funding is paid to her institution. |
| 4 | ☐ None | Funding paid to institution |
| 5 | ☐ None | Funding paid to institution |
| 6 | ☒ None | Funding paid to institution |
| 7 | ☒ None | Funding paid to institution |
| 8 | ☒ None | Funding paid to institution |
|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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 | WF is member of the steering committee of PAVE, and Think Brain Health. |
|   |                                                                                       |                                                                                   | Payment to institution |
|   |                                                                                       |                                                                                   | WF was associate editor of Alzheimer, Research & Therapy in 2020/2021. WF is associate editor at Brain. |
|   |                                                                                       |                                                                                   | Payment to institution |
| 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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☒ 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: 9/22/2022

Your Name: Judith JM Rijnhart

Manuscript Title: Life satisfaction across the entire trajectory of Alzheimer’s disease: a mediation analysis

Manuscript Number (if known): DADM-D-22-00142

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| 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. | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ None | ☐ None |
| | J.J.M. Rijnhart received a grant from the Amsterdam Public Health Research Institute |
| | Grant was paid to the Amsterdam UMC |
| ☒ None | Royalties or licenses |

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