ICMJE DISCLOSURE FORM

Date: 10/24/2022

Your Name: Jennifer Schrack

Manuscript Title: COVID-19 pandemic experiences of older adults with dementia in community and residential care settings: results from a U.S. national survey

Manuscript Number (if known): DADM-D-22-00170

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.) | | |
| □ None | National Institute of Aging | Payment made to institution |
| | | [Click the tab key to add additional rows.] |
| **No time limit for this item.** | |
| | |
| **Time frame: past 36 months** | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | |
| | | |
| | | |
| **3** Royalties or licenses | ☒ None | |
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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 | ☒ None |
|   | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | New York Academy of Sciences | Payment made to me |
| 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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 10/24/2022

Your Name: Abigail Corkum

Manuscript Title: COVID-19 pandemic experiences of older adults with dementia in community and residential care settings: results from a U.S. national survey

Manuscript Number (if known): DADM-D-22-00170

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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 | National Institute of Aging | Payment made to institution |
| | No time limit for this item. | | | Click the tab key to add additional rows. |

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

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Date: 10/24/2022
Your Name: Vicki A. Freedman
Manuscript Title: COVID-19 pandemic experiences of older adults with dementia in community and residential care settings: results from a U.S. national survey
Manuscript Number (if known): DADM-D-22-00170

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| | National Institute of Aging | Payment made to 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 |
| | National Institute on Aging | Payment made to institution |
| 3 | Royalties or licenses | ☒ None |
| | | |
| #  | Relationship Description                                                                 | Specification/Comments                                                                 |
|----|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 4  | Consulting fees                                                                        | ☒  None                                                                                  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐  None  
American Enterprise Institute/Brookings  
Payment made to me |
| 6  | Payment for expert testimony                                                            | ☒  None                                                                                  |
| 7  | Support for attending meetings and/or travel                                            | ☐  
American Enterprise Institute/Brookings  
Payment made to me |
| 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                                                                                  |
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|   | Stock or stock options | None |
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|   |                        |      |
|   |                        |      |
|   |                        |      |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|---|-----------------------------------------------------------------|------|
|   |                                                                 |      |
|   |                                                                 |      |
|   |                                                                 |      |

|   | Other financial or non-financial interests | None |
|---|------------------------------------------|------|
|   |                                         |      |
|   |                                         |      |
|   |                                         |      |

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