Date:	8/5/2022
Your Name:	Dr Yadati Sathyanrayana Raju
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

			e all entities with whom you have this ionship 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.	[X]	None	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).	[x]	None	
3	Royalties or licenses	X	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	x 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	X None	
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	

			e all entities with whom you have this onship 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	x	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[x]	None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	8/6/2021
Your Name:	Minakshi Dhar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

		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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/5/2022
Your Name:	Jinkook Lee
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422
(,	

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments we	re
		relationship or indicate none (add rows as needed)	made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
1	All support for the present	[□] None		
	manuscript (e.g.,	NIH/NIA 2R01AG051125	Institution	
	funding, provision	NIH/NIA 1U01AG064948	Institution	
	of study materials,	NIH/NIA R01AG042778	Institution	
	medical writing, article processing			
	charges, etc.)			
	No time limit for			
	this item.			
		Time frame, nest 26 month		
		Time frame: past 36 month	S	
2	Grants or	□ None		
	contracts from			
	any entity (if not	National Institute on Aging	Institution	
	indicated in item	United Nation	Institution	
	#1 above).	World Health Organization	Institution	
		World Bank	Institution	
3	Royalties or	⊠ None		
3	Royalties or licenses	None		_
3	· ·	None Non		7
3	· ·	None Non]
3	· ·	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)
4	Consulting fees	[□] None	
		National Institutes of Health University of California, Berkley	Individual
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers	Southern Illinois University School of Medicine	Individual
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
	expert testimony		
7	Support for attending	□ None	
	meetings and/or travel	VIU Venice Summer school on Ageing Society for Longitudinal and Life Course Studies	Individual Individual
		National Institutes of Health World Health Organization	Individual Individual
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or	Lc65+, Lausanne cohort 65+ study Al-SEHA, Egyptian Health and Retirement Study	
	Advisory Board	Berkeley Initiative for Transparency in the Social Sciences	
		Malawi Longitudinal Study of Families and Health	
		Longitudinal Study of Health and Ageing in Kenya Cognitive Level Enhancement through Vision	
		Exams and Refraction The Irish Longitudinal Study of Ageing	
		Malaysia Ageing and Retirement Survey	
		WHO Consortium of Metrics and Evidence for Healthy Ageing	
		English Longitudinal Study of Ageing	
		China Health and Retirement Longitudinal Study	

		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)
		Japanese Study of Aging and Retirement	
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	
Plea	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.		

Date:		_	8/5/2022		
Your Name:		_	Erik Meijer		
Manuscript Title:		_	Prevalence of dementia in India: National and state estimates from a nationwide study		
Ma	nuscript Number (if kı	nown):	ADJ-D-22-00422		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		pt. "Rela of the mar e in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so.		
epio	·	nsion, you	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support for the work reported in this manuscript without time limit. For frame for disclosure is the past 36 months.			vithout time limit. For all other items, the time		
			entities with whom you have this hip 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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			Time frame: Since the initial planning		
1	All support for the present manuscript (e.g.,				
1	present manuscript (e.g., funding, provision		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing,		Time frame: Since the initial planning		
1	present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		Time frame: Since the initial planning one	of the work Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	R01AC	Time frame: Since the initial planning one G051125 Time frame: past 36 month	of the work Click the tab key to add additional rows.	
2	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	R01AC	Time frame: Since the initial planning one	of the work Click the tab key to add additional rows.	
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	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	R01AC	Time frame: Since the initial planning one G051125 Time frame: past 36 month	of the work Click the tab key to add additional rows.	
	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	R01AC	Time frame: Since the initial planning one G051125 Time frame: past 36 month	of the work Click the tab key to add additional rows.	

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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	
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	RAND	adjunct affiliation
Plea	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.		

Date:	8/5/2022		
Your Name:	Kenneth M. Langa		
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study		
Manuscript Number (if known):	ADJ-D-22-00422		
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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.			
In item #1 below, report all suppo frame for disclosure is the past 36	n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time		

		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 NIH / NIA	Payments to institution 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).	NIH/NIA Alzheimer's Association	Payments to institution Payments to institution
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Legal firm	Payments to me for testimony related to decisional capacity of an individual with dementia.
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	
Plea	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.		

Date:		-	8/5/2022		
Your Name:			Mary Ganguli		
Manuscript Title:			Prevalence of dementia in India: National a	nd state estimates from a nationwide study	
Mai	nuscript Number (if kr	nown):	ADJ-D-22-00422		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	•	nsion, you	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time	
E			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			-	made to you or to your institution)	
1	All support for the present	relations No	Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations No	thip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations No	Time frame: Since the initial planning	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	relations No	Time frame: Since the initial planning	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relations No	Time frame: Since the initial planning	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations No	Time frame: Since the initial planning	made to you or to your institution) 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	relations No	Time frame: Since the initial planning	made to you or to your institution) of the work Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations Nationa	Time frame: Since the initial planning one al Institute on Aging	made to you or to your institution) of the work Click the tab key to add additional rows.	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Connecticut	
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	Journal of the American Geriatrics Society Alzheimer's Disease and Associated Disorders	

		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	
Plea 🖂	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.		

Date:	5/8/2022
Your Name:	Mathew Varghese
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)		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	of the work 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	

			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 None	
6	Payment for expert testimony	Image: square of the property o	
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			
Plea	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.				

Date:			8/5/2022		
Your Name:			Joyita Banerjee		
Manuscript Title:			Prevalence of dementia in India: National and state estimates from a nationwide study		
Mai	nuscript Number (if k	(nown):	ADJ-D-22-00422		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ipt. "Rela of the man e in doubt os/activitions os, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	thout time limit. For all other items, the time	
			entities with whom you have this thip 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.	R01AG0	Dispose (2012)	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l 1		Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01AGC	051125]	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 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	National Institute on Aging	
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			
Plea 🖂	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.				

Date:	8/5/2022
Your Name:	Pranali Khobragade
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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			e all entities with whom you have this onship 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 Time frame: past 26 month	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).		None	
3	Royalties or licenses		None	

			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 None	
6	Payment for expert testimony	Image: square of the property o	
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			
Plea 🖂	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.				

Dat	e:	-	8/5/2022		
Your Name:			Marco Angrisani		
Manuscript Title:			Prevalence of dementia in India: National and state estimates from a nationwide study		
Ma	nuscript Number (if k	(nown):	ADJ-D-22-00422		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
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	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this hip 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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			Time traine. Since the mittal planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	R01AG0	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01AGC	D51125	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 Non	
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	National Institute on Aging	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Add Health	
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			
Plea	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.				

Date:		8/5/2022	8/5/2022		
Your Name:		Ravikumar Kurup	Ravikumar Kurup		
Manuscript Title:		Prevalence of dementia in India: National	Prevalence of dementia in India: National and state estimates from a nationwide study		
Mar	nuscript Number (if k	nown): ADJ-D-22-00422			
content of your manuscript. "Relar affected by the content of the man a bias. If you are in doubt about we the author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment about whether to list a relationship/activity/interests/activities/interests should be defined broadly. For ansion, you should declare all relationships with manuscript. all support for the work reported in this manuscript.	rt for the work reported in this manuscript without time limit. For all other items, the time		
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paymen made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planning	g 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.	No funding for study materials, article processing, medical writing	Click the tab key to add additional rows.		
	Time frame: past 36 months				
2	Grants or	□ None	·		
	contracts from any entity (if not indicated in item #1 above).	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None Nil	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None 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. \[\sum x \]			

Date:	5/8/2022
Your Name:	Dr Sankha Shubhra Chakrabarti
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

		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		
2	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).	Time frame: past 36 months None Research grants from the Indian Council of Medical Research and the Institutions of Eminence Scheme in the Banaras Hindu University]	Click the tab key to add additional rows.
3	Royalties or licenses	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)
4	Consulting fees	None 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 FO	RM	
Date:			6/8/2022		
Your Name:			INDRAJEET SINGH GAMBHIR		
Manuscript Title:			Prevalence of dementia in India: National a	nd state estimates from a nationwide study	
Ма	nuscript Number (if k	nown):	ADJ-D-22-00422		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For o	v/interest, it is preferable that you do so. example, if your manuscript pertains to the	
	demiology of hyperter t medication is not me			acturers of antihypertensive medication, even if	
	em #1 below, report and for disclosure is the		·	vithout time limit. For all other items, the time	
			l entities with whom you have this ship 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.	□ No	one 051125	Click the tab key to add additional rows.	
			Time frame: past 36 montl	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one al Institute on Aging		
3	Royalties or licenses	⊠ No	one		

		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 National Institute on Aging	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Add Health	
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 ■		
Plea ⊠ X				

Date:	8/5/2022
Your Name:	PARVAIZ A KOUL
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

			e all entities with whom you have this ionship 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.	x	None	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	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	x 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	X None	
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	

			ne all entities with whom you have this tionship 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	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 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.

Date:	8/5/2021
Your Name:	Debabrata Goswami
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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		e all entities with whom you have this ionship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
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/Commen made to you or to your	ts (e.g., if payments were institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/5/2022
Your Name:	Arunansu Talukdar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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 we made to you or to your institution)		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	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).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Image: square of the property o	
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.			

Date:	5/8/2022
Your Name:	Rashmi Ranjan Mohanty
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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			l entities with whom you have this ship 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.	⊠ No	one	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	⊠ No	one	

			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	

			all entities with whom you have this aship 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	[⊠] N	lone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		lone	
13	Other financial or non-financial interests	⊠ N	lone	
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.				

Date:	5/8/2022
Your Name:	Mekala Padmaja
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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			ntities with whom you have this 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		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).	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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.			

Date:	8/5/2022
Your Name:	Lalit Sankhe
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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.

			e all entities with whom you have this onship 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 Time frame: past 26 month	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).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Image: square of the property o	
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.			

Date:	8/5/2022
Your Name:	Chhaya Rajguru
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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			e all entities with whom you have this onship 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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		[]	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Image: square of the property o	
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.			

Date:	8/5/2022
Your Name:	Monica Gupta
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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		e all entities with whom you have this onship 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	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).	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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.			

Date:	8/5/2022
Your Name:	Govind Kumar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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		all entities with whom you have this inship 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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		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	

			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	
Plea	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.		

Date:	8/5/2021
Your Name:	Dr. Prasun Chatterjee
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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2			
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3	Royalties or licenses	None	

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6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
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13	Other financial or non-financial interests	None	
Plea	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.		

Date:	8/5/2022
Your Name:	Sunny Singhal
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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 Time frame: past 26 month	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).		None	
3	Royalties or licenses		None	

			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	

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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		
Plea	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.			

Date:	8/5/2022
Your Name:	Rishav Bansal
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[x]	None	
3	Royalties or licenses	X	None	

li .		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	x 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	X None	
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	

			made to you or to your institution)
Stock or stock options	[x]	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	[x]	None	
Other financial or non-financial interests	x	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial

Date:	8/5/2022
Your Name:	Swati Bajpai
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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 Time frame 25 months	Click the tab key to add additional rows.
		f 1	Time frame: past 36 month	S
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 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	
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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	
Plea	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.		

Date:	8/10/2022
Your Name:	Gaurav R Desai
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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)
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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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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

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

Date:	8/5/2022
Your Name:	Abhijith R Rao
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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

			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 None	
6	Payment for expert testimony	Image: square of the property o	
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	

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Plea	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.		

Date:	8/5/2022
Your Name:	Palanimuthu Thangaraju Sivakumar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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Date:	8/5/2022
Your Name:	Krishna Prasad Muliyala
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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Plea	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.		

Date:	8/5/2021
Your Name:	Swaroop Bhatankar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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3	Royalties or licenses	None	

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4	Consulting fees	None C	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None L	
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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	8/5/2022
Your Name:	APARAJITA CHATTOPADHYAY
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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11	Stock or stock options	[⊠] None	
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13	Other financial or non-financial interests	None	
Plea	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.		

Date:	8/5/2022
Your Name:	Dipti Govil
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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Plea 🖂	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.		

Date:	8/5/2022
Your Name:	Sarang Pradipkumar Pedgaonkar
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

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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	
Plea	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.		

Date:	8/5/2022
Your Name:	T.V. Sekher
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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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:	8/5/2022
Your Name:	David E Bloom
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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		Time frame: Since the initia	planning of the work
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		Time frame: past	36 months
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3	Royalties or licenses	None ■	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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	Image: square of the property o	
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	

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13	Other financial or non-financial interests	None	
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Date:	8/5/2022	
Your Name:	Eileen M. Crimmins	
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study	
Manuscript Number (if known):	ADJ-D-22-00422	
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4	Consulting fees	□ None University of Texas	Payment to me for consulting analyses
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	National Institute on Aging	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	LLFS National Institute on Aging	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NIH NIA Board of Scientific Counselors	

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13	Other financial or non-financial interests	None	
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Date:	8/5/2022
Your Name:	A. B. Dey
Manuscript Title:	Prevalence of dementia in India: National and state estimates from a nationwide study
Manuscript Number (if known):	ADJ-D-22-00422

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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	

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