ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Royalties:** Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Shadab

2. **Surname (Last Name)**  
   Rahman

3. **Date**  
   06-January-2017

4. **Are you the corresponding author?**  
   - Yes
   - No

5. **Manuscript Title**  
   CIRCADIAN PHASE Resets by a SINGLE SHORT-DURATION LIGHT EXPOSURE

6. **Manuscript Identifying Number (if you know it)**  
   89494-INS-CMED-TR-2

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  

- Yes
- No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
<tr>
<th>Name of Institution/Company</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
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</tr>
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</table>

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- No

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<td>☑</td>
<td>Equity &lt;5%</td>
</tr>
<tr>
<td>Circadian ZircLight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Equity &lt;5%</td>
</tr>
</tbody>
</table>
## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ Yes   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
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<tr>
<th></th>
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<td>Method and device for preventing alterations in circadian rhythm</td>
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</tr>
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## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✔ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Rahman is a co-investigator on studies sponsored by Biological Illuminations, LLC; Vanda Pharmaceuticals Inc.

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Section 6. Disclosure Statement

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Dr. Rahman reports grants from NIH - RC2-HL101340-0, grants from NIH - T32-HL07901, during the conduct of the study; other from Melcort Inc., other from Circadian ZircLight, outside the submitted work; In addition, Dr. Rahman has a patent Methods and Devices for Improving Sleep Performance in Subject Exposed to Light at Night licensed to Circadian ZircLight Inc., a patent Method and device for preventing alterations in circadian rhythm licensed to Circadian ZircLight, Inc., and a patent null pending and Dr. Rahman is a co-investigator on studies sponsored by Biological Illuminations, LLC; Vanda Pharmaceuticals Inc..

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Section 1. Identifying Information

1. Given Name (First Name)  
   Melissa

2. Surname (Last Name)  
   St. Hilaire

3. Date  
   10-February-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Shadab Rahman

5. Manuscript Title  
   Circadian phase resetting by single short-duration light exposure

6. Manuscript Identifying Number (if you know it)  
   89494-INS-CMED-TR-2

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<th>Non-Financial Support?</th>
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</tbody>
</table>

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Dr. St. Hilaire reports personal fees from Merrimack College, personal fees from The MathWorks, Inc., grants from Mayo Clinic, outside the submitted work.

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1. Given Name (First Name)  
   Anne-Marie

2. Surname (Last Name)  
   Chang

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   10-February-2017

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   Corresponding Author’s Name  
   Shadab Rahman

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Dr. Chang has nothing to disclose.

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Nayantara

2. Surname (Last Name)  
Santhi

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10-February-2017

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Shadab Rahman

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Dr. Santhi has nothing to disclose.

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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeanne

2. Surname (Last Name)  
   Duffy

3. Date  
   10-February-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Shadab Rahman

5. Manuscript Title  
   Circadian phase resetting by single short-duration light exposure

6. Manuscript Identifying Number (if you know it)  
   89494-INS-CMED-TR-2

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Duffy has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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<td>Kronauer</td>
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**Corresponding Author's Name**
Shadab Rahman

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   Charles

2. Surname (Last Name)  
   Czeisler

3. Date  
   10-February-2017

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   Corresponding Author’s Name  
   Shadab Rahman

5. Manuscript Title  
   CIRCADIAN PHASE Resetting BY A SINGLE SHORT-DURATION LIGHT EXPOSURE

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If yes, please fill out the appropriate information below.

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The Sleep and Health Education Program of the Harvard Medical School Division of Sleep Medicine (which Dr. Czeisler directs) has received Educational Grant funding from Cephalon, Inc., Jazz Pharmaceuticals, Takeda Pharmaceuticals, Teva Pharmaceuticals Industries Ltd., Sanofi-Aventis, Inc., Sepracor, Inc. and Wake Up Narcolepsy. Dr. Czeisler is the incumbent of an endowed professorship provided to Harvard University by Cephalon, Inc. and holds a number of process patents in the field of sleep/circadian rhythms (e.g., photic resetting of the human circadian pacemaker).

Dr. Czeisler's interests were reviewed and managed by Brigham and Women's Hospital and Partners HealthCare in accordance with their conflict of interest policies.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Czeisler reports personal fees from Bose Corporation, personal fees from Boston Celtics, personal fees from Boston Red Sox, personal fees from Cigto Inc, personal fees from Cleveland Browns, personal fees from Columbia River Bar Pilots, personal fees from Institute of Digital Media and Child Development, personal fees from Klarman Family Foundation, personal fees from Koninklijke Philips Electronics, N.V., personal fees from Merck & Co. Inc, personal fees from Minnesota Timberwolves, personal fees from Novartis, personal fees from Portland Trail Blazers, personal fees from Purdue Pharma, personal fees from Quest Diagnostics, Inc, personal fees from Samsung Electronics, personal fees from Sleep Multimedia, Inc, personal fees from Teva Pharmaceuticals, personal fees from Valero Inc., personal fees from Vanda Pharmaceuticals, personal fees from V-Watch/PPRS, grants from Cephalon Inc, grants from Mary Ann & Stanley Snider via Combined Jewish Philanthropies, grants from National Football League Charities, grants from Optum, grants from Philips Respironics, Inc., grants from ResMed Foundation, grants from San Francisco Bar Pilots, grants from Schneider Inc, grants from Sysco, personal fees from AADSM (American Academy of Dental Sleep Medicine), personal fees from AASM (American Academy of Sleep Medicine), personal fees from Global Council on Brain Health/AARP, personal fees from Harvard School of Public Health, personal fees from Intelliga Communications Group, personal fees from Maryland Sleep Society, personal fees from Montefiore Medical Center, personal fees from National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), personal fees from National Sleep Foundation, personal fees from New England College of Optometry, personal fees from Stanford Center for Sleep Sciences and Medicine, personal fees from Zurich Insurance Company, Ltd, other from Apple, other from Lifetrac, Inc, other from Microsoft, other from Sonnus Therapeutics, Inc, other from Vanda Pharmaceuticals, personal fees from McGraw Hill, personal fees from Houghton Mifflin Harcourt, personal fees from Philips Respironics, Inc, personal fees from Bombardier, Inc, personal fees from Continental Airlines, personal fees from FedEx, personal fees from Greyhound, personal fees from Purdue Pharma, L.P., personal fees from United Parcel Service (UPS), outside the submitted work; and The Sleep and Health Education Program of the Harvard Medical School Division of Sleep Medicine (which Dr. Czeisler directs) has received Educational Grant funding from Cephalon, Inc., Jazz Pharmaceuticals, Takeda Pharmaceuticals, Teva Pharmaceuticals Industries Ltd., Sanofi-Aventis, Inc., Sepracor, Inc. and Wake Up Narcolepsy. Dr. Czeisler is the incumbent of an endowed professorship provided to Harvard University by Cephalon, Inc. and holds a number of process patents in the field of sleep/circadian rhythms (e.g., photic resetting of the human circadian pacemaker). Dr. Czeisler’s interests were reviewed and managed by Brigham and Women’s Hospital and Partners HealthCare in accordance with their conflict of interest policies.

Evaluation and Feedback

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Instructions

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1. **Identifying information.**

   Enter your full name. If you are NOT the corresponding author please check the box “no” and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. **The work under consideration for publication.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”. Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. **Relevant financial activities outside the submitted work.**

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Other relationships.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Effective Date (07-August-2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven</td>
<td>Lockley</td>
<td>08-January-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name: Shadab A. Rahman, Ph.D.

5. Manuscript Title
   Circadian phase resetting by single short-duration light exposure

6. Manuscript Identifying Number (if you know it)
   89494-INS-CMED-TR-2

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)? Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

### The Work Under Consideration for Publication

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
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</thead>
<tbody>
<tr>
<td>1. Grant</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>✔</td>
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<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Other</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

Relevant financial activities outside the submitted work

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
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</thead>
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<tr>
<td>1. Board membership</td>
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<tr>
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<td></td>
<td>✓</td>
<td></td>
<td>Wyle Integrated Science and Engineering</td>
<td>Provide advice to NASA on jetlag and shiftwork</td>
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<td>2. Consultancy</td>
<td></td>
<td>✓</td>
<td></td>
<td>Light Cognitive</td>
<td>Advice on lighting</td>
</tr>
<tr>
<td>2. Consultancy</td>
<td></td>
<td>✓</td>
<td></td>
<td>Headwaters</td>
<td>Advice on lighting</td>
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<tr>
<td>2. Consultancy</td>
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<td>✓</td>
<td></td>
<td>PlanLED</td>
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<td>Delos Living</td>
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<tr>
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<td></td>
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<tr>
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<td></td>
<td>Environmental Light Sciences LLC</td>
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<td></td>
<td>Pegasus Capital Advisors LP</td>
<td>Advice on sleep</td>
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Relevant financial activities outside the submitted work

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<tr>
<th>Type of Relationship (in alphabetical order)</th>
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<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
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<tbody>
<tr>
<td>2. Consultancy</td>
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<td>✓</td>
<td></td>
<td>Perceptive Advisors; Serrado Capital; Slingshot Insights</td>
<td>Review of public data associated with clinical trials of melatonin agonist Tasimelteon (Vanda Pharmaceuticals Inc.) with financial firms</td>
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<tr>
<td>2. Consultancy</td>
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<td></td>
<td>Atlanta Hawks</td>
<td>Advice on jetlag and sleep</td>
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<tr>
<td>2. Consultancy</td>
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<td>✓</td>
<td></td>
<td>Atlanta Falcons</td>
<td>Advice on jetlag and sleep</td>
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<tr>
<td>2. Consultancy</td>
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<td>✓</td>
<td></td>
<td>Hintsa Performance</td>
<td>Advice on sleep</td>
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<tr>
<td>2. Consultancy</td>
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<td></td>
<td>Akili Interactive</td>
<td>Advice on sleep</td>
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<td>2. Consultancy</td>
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<td>✓</td>
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<td>Opterra Energy Services</td>
<td>Advice on lighting</td>
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<td></td>
<td>Monash University</td>
<td>I have a part time Adjunct faculty position with Monash University (0.4 FTE)</td>
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<td>4. Expert testimony</td>
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<td>✓</td>
<td></td>
<td>Hicks Morley Hamilton Stewart Storie LLP</td>
<td>Work hour arbitration on behalf of a public body</td>
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<td>4. Expert testimony</td>
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<td>Philips Lytle</td>
<td>Legal case on light and sleep</td>
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<td>5. Grants/grants pending</td>
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<td>Investigator-initiated project about lighting</td>
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<td>5. Grants/grants pending</td>
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<td></td>
<td>✓</td>
<td>Biological Illuminations LLC</td>
<td>Investigator-initiated project about lighting</td>
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<td>5. Grants/grants pending</td>
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<td>Vanda Pharmaceuticals Inc.</td>
<td>Three completed Phase III clinical trials; two Service Agreements; one investigator-initiated study</td>
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<td>5. Grants/grants pending</td>
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<td>F.Lux Software LLC</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
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<td></td>
<td>Harvard University</td>
<td>Honorarium for invited seminar</td>
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*ADD*
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<th>6. Payment for lectures including service on speakers bureaus</th>
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<th>Estee Lauder</th>
<th>Honorarium for lecture and meeting</th>
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<td>7.</td>
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<td>8.</td>
<td>Patents (planned, pending or issued)</td>
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<td>✅</td>
<td>Brigham &amp; Women's Hospital</td>
<td>Patent for the use of short-wavelength light for resetting the human circadian pacemaker and improving alertness and performance</td>
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<tr>
<td>8.</td>
<td>Patents (planned, pending or issued)</td>
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<td></td>
<td>✅</td>
<td>Harvard University</td>
<td>Patent for systems and methods for determining and/or controlling sleep quality</td>
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<td>9.</td>
<td>Royalties</td>
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<td>Oxford University Press</td>
<td>Book royalties</td>
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<td>Environmental Light Sciences LLC</td>
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<tr>
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<td>iSleep PTY</td>
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<td>Akili Interactive</td>
<td>&lt;1% minor options (not exercised to date)</td>
<td></td>
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<tr>
<td>11.</td>
<td>Stock/stock options</td>
<td></td>
<td></td>
<td>✅</td>
<td>Light Cognitive</td>
<td>&lt;1% minor options (not exercised to date)</td>
<td></td>
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<td>12.</td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td></td>
<td></td>
<td>✅</td>
<td>Wyle Integrated Science and Engineering</td>
<td>Travel/accommodation for multiple research meetings</td>
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<tr>
<td>12.</td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<td>✅</td>
<td>Hintsa Performance AG</td>
<td>Travel/accommodation for meeting</td>
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<tr>
<td>12.</td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<td></td>
<td>✅</td>
<td>Midwest Lighting Institute</td>
<td>Travel/accommodation for meeting</td>
<td></td>
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<tr>
<td>12.</td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td></td>
<td></td>
<td>✅</td>
<td>Lightfair</td>
<td>Travel/accommodation for meeting</td>
<td></td>
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</table>
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<th>12. Travel/accommodations/meeting expenses unrelated to activities listed**</th>
<th>☐</th>
<th>☑</th>
<th>☐</th>
<th>USGBC</th>
<th>Travel/accommodation for meeting</th>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Philips Lighting</td>
<td>Unrestricted lighting equipment gift</td>
<td>X</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Bionetics Corporation</td>
<td>Unrestricted lighting equipment gift</td>
<td>X</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Biological Illuminations LLC</td>
<td>Unrestricted lighting equipment gift</td>
<td>X</td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Elizabeth

2. **Surname (Last Name)**
   Klerman

3. **Date**
   17-January-2017

4. **Are you the corresponding author?**
   ☑ Yes  ☐ No
   **Corresponding Author’s Name**
   Dr. S. A. Rahman

5. **Manuscript Title**
   CIRCADIAN PHASE RESETTING BY A SINGLE SHORT-DURATION LIGHT EXPOSURE

6. **Manuscript Identifying Number (if you know it)**
   89494-INS-CMED-TR-2

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>NIH</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NSBRI (National Space Biomedical Research Institute)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Technology Council</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Travel reimbursement</td>
</tr>
<tr>
<td>Legal Firms</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Consulting on cases</td>
</tr>
</tbody>
</table>
## ICMJE Form for Disclosure of Potential Conflicts of Interest

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Conference</td>
<td></td>
<td></td>
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<td>✓</td>
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</tr>
<tr>
<td>Free Health LLC</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Travel reimbursement</td>
</tr>
</tbody>
</table>

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☐ No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Klerman reports grants from NIH, from NSBRI (National Space Biomedical Research Institute), during the conduct of the study; other from Sleep Technology Council, personal fees from Legal Firms, other from Brain Conference, other from Free Health LLC, outside the submitted work; .
ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
## TREND Statement Checklist

<table>
<thead>
<tr>
<th>Paper Section/Topic</th>
<th>Item No</th>
<th>Descriptor</th>
<th>Reported?</th>
<th>Pg #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title and Abstract</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title and Abstract</td>
<td>1</td>
<td>• Information on how unit were allocated to interventions</td>
<td>X</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Structured abstract recommended</td>
<td>X</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information on target population or study sample</td>
<td>X</td>
<td>5</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background</td>
<td>2</td>
<td>• Scientific background and explanation of rationale</td>
<td>X</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Theories used in designing behavioral interventions</td>
<td>X</td>
<td>7</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td>3</td>
<td>• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)</td>
<td>X</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented</td>
<td>X</td>
<td>12</td>
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<tr>
<td></td>
<td></td>
<td>• Recruitment setting</td>
<td>X</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Settings and locations where the data were collected</td>
<td>X</td>
<td>12</td>
</tr>
<tr>
<td>Interventions</td>
<td>4</td>
<td>• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Content: what was given?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Delivery method: how was the content given?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Unit of delivery: how were the subjects grouped during delivery?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Deliverer: who delivered the intervention?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Setting: where was the intervention delivered?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Time span: how long it intended to take to deliver the intervention to each unit?</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Activities to increase compliance or adherence (e.g., incentives)</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td>Objectives</td>
<td>5</td>
<td>• Specific objectives and hypotheses</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td>Outcomes</td>
<td>6</td>
<td>• Clearly defined primary and secondary outcome measures</td>
<td>X</td>
<td>15-17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Methods used to collect data and any methods used to enhance the quality of measurements</td>
<td>X</td>
<td>15-17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information on validated instruments such as psychometric and biometric properties</td>
<td>X</td>
<td>15-17</td>
</tr>
<tr>
<td>Sample Size</td>
<td>7</td>
<td>• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules</td>
<td>X</td>
<td>15-17</td>
</tr>
<tr>
<td>Assignment Method</td>
<td>8</td>
<td>• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)</td>
<td>X</td>
<td>12-15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)</td>
<td>X</td>
<td>12-15</td>
</tr>
</tbody>
</table>
### TREND Statement Checklist

<table>
<thead>
<tr>
<th>Blinding (masking)</th>
<th>9</th>
<th>• Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished.</th>
</tr>
</thead>
</table>
| Unit of Analysis  | 10 | • Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)  
  • If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis) |
| Statistical Methods | 11 | • Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data  
  • Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis  
  • Methods for imputing missing data, if used  
  • Statistical software or programs used |
| Results           |     | • Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended)  
  • Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study  
  • Assignment: the numbers of participants assigned to a study condition  
  • Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention  
  • Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition  
  • Analysis: the number of participants included in or excluded from the main analysis, by study condition  
  • Description of protocol deviations from study as planned, along with reasons |
| Recruitment       | 13 | • Dates defining the periods of recruitment and follow-up |
| Baseline Data     | 14 | • Baseline demographic and clinical characteristics of participants in each study condition  
  • Baseline characteristics for each study condition relevant to specific disease prevention research  
  • Baseline comparisons of those lost to follow-up and those retained, overall and by study condition  
  • Comparison between study population at baseline and target population of interest |
| Baseline equivalence | 15 | • Data on study group equivalence at baseline and statistical methods used to control for baseline differences |

X indicates a checklist item that is required.
<table>
<thead>
<tr>
<th>TREND Statement Checklist</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers analyzed</td>
<td>16</td>
<td>● Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 8 - 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 8 - 9</td>
</tr>
<tr>
<td>Outcomes and estimation</td>
<td>17</td>
<td>● For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 8 - 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Inclusion of null and negative findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 8 - 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any</td>
</tr>
<tr>
<td>Ancillary analyses</td>
<td>18</td>
<td>● Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Adverse events</td>
<td>19</td>
<td>● Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X 12 - 15</td>
</tr>
</tbody>
</table>

**DISCUSSION**

| Interpretation | 20 | ● Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study |
|                |   | X 9 - 11 |
|                |   | ● Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations |
|                |   | X 9 - 11 |
|                |   | ● Discussion of the success of and barriers to implementing the intervention, fidelity of implementation |
|                |   | X 9 - 11 |
|                |   | ● Discussion of research, programmatic, or policy implications |
|                |   | X 9 - 11 |
| Generalizability | 21 | ● Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues |
|                |   | X 9 - 11 |
| Overall Evidence | 22 | ● General interpretation of the results in the context of current evidence and current theory |
|                |   | X 9 - 11 |