

ICMJE DISCLOSURE FORM

Date: 1/2/2026

Your Name: Susanne Roehr

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Felix Wittmann

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/11/2026

Your Name: Melanie Lupp

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/10/2026

Your Name: Sebastian Köhler

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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Date: 1/6/2026

Your Name: Kay Deckers

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Member Advisory Board National Dementia Strategy 2021-2030 (Dutch Ministry of Public Health, Welfare and Sport) 2021-2025</td> <td>Attendance fee paid to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member Advisory Board National Dementia Strategy 2021-2030 (Dutch Ministry of Public Health, Welfare and Sport) 2021-2025	Attendance fee paid to institution							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member Expert Advisory Panel Alzheimer Europe</td> <td>Unpaid</td> </tr> <tr> <td>Member Evidence Review Team, Brain Health Unit, World Health Organization</td> <td>Payment to institution</td> </tr> <tr><td></td><td></td></tr> </table>	Member Expert Advisory Panel Alzheimer Europe	Unpaid	Member Evidence Review Team, Brain Health Unit, World Health Organization	Payment to institution					
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Rosenau, Colin

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Philine Betker

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/8/2026

Your Name: Bohmann Patricia

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Hermann Brenner

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Agnes Flöel

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Lilly</td> <td>Personal fee</td> </tr> <tr> <td>Biogen</td> <td>Personal fee</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Lilly	Personal fee	Biogen	Personal fee				
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Lilly</td> <td>Advisory Board, Personal fee</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Lilly	Advisory Board, Personal fee						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Jana-Kristin Heise

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 1/15/2026

Your Name: André Karch

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Thomas KEIL

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Michael Leitzmann

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Wolfgang Lieb

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Since 2022 member of the Board of Directors of the NAKO Study (Vorstand); unpaid</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Since 2022 member of the Board of Directors of the NAKO Study (Vorstand); unpaid								
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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Claudia Meinke-Franze

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Mikolajczyk Rafael

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Ute Mons

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/15/2026

Your Name: Katharina Nlmpsch

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/19/2026

Your Name: Cara Övermöhle

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Annette Peters

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Tobias Pischon

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> The NAKO is funded by the Federal Ministry of Research, Technology and Space (BMFTR) [project funding reference numbers: 01ER1301A/B/C, 01ER1511D, 01ER1801A/B/C/D and 01ER2301A/B/C], Federal States of Germany and the Helmholtz Association, the participating universities and the institutes of the Leibniz Association. </div>	Funding to institution. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> </div>
		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> </div>	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> </div>

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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> 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)
	society, committee or advocacy group, paid or unpaid	<div>Tobias Pischon is member of the NAKO board of directors (unpaid position) who are leading the NAKO study.</div> <div></div> <div></div>	Unpaid position
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 1/20/2026

Your Name: Tamara Schikowski

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>I am the secretary-treasurer of the International Society of Environmental Epidemiology.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	I am the secretary-treasurer of the International Society of Environmental Epidemiology.								
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ICMJE DISCLOSURE FORM

Date: 1/15/2026

Your Name: Matthias Schulze

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Prof. Dr. Oliver Tüscher

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Prof. Dr. Stefan N. Willich

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/13/2026

Your Name: Luca Kleineidam

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Michael Wagner

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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ICMJE DISCLOSURE FORM

Date: 1/6/2026

Your Name: Klaus Berger

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/7/2026

Your Name: Dr. Alexander Pabst

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/13/2026

Your Name: Prof. Dr. Steffi G. Riedel-Heller, MPH

Manuscript Title: Associations of the Lifestyle for BRAin health (LIBRA) index with cognitive functioning across adulthood: variation by sex and socioeconomic status in the German National Cohort (NAKO)

Manuscript Number (if known): ADJ-D-25-02845

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