**ICMJE DISCLOSURE FORM**

**Date:** 19/02/2021

**Your Name:** Fatema Mohsen

**Manuscript Title:** War and COVID-19: Psychological Health Problems among Syrians - A National Survey

**Manuscript number (if known):** BJPsychInt-20-0076

**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 following questions apply to the** **author’s relationships/activities/interests as they relate to the current**

**manuscript only.**

**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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|  |  | **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 |  |
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| **Time frame: past 36 months** |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board  | \_\_\_\_None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | \_\_\_\_None |  |
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**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.**