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INSTRUCTIONS FOR AUTHORS

Types of Articles

IJBM is interested in the submission of original research in the field of behavioral medicine. Integrative reviews and meta-analyses are also considered. Editorials, commentaries, scientific statements, and tutorials are typically by invitation only. In rare cases, IJBM will consider empirical papers reporting the development or adaptation of instruments with the potential for high impact to behavioral medicine (usually as a Brief Report). A convincing case for the need and rationale for instrument development or validation is necessary.

Article length conventions are detailed below. Authors may request consideration of longer papers, in advance of submission, when there is clear justification (e.g., the paper reports on two or more studies or has an unusual or complex methodology). When appropriate, excess material could be published as electronic supplemental material as an adjunct to the published manuscript.

Full Length Manuscript

The majority of journal pages are devoted to the publication of original research articles, such as reports of randomized controlled trials, observational studies, qualitative studies, or other basic and clinical investigations. Manuscripts should clearly state the research objective/hypothesis, methods, essential features of interventions, measures, and the results, which should be discussed in the context of other published literature. Authors are encouraged to articulate, whenever possible, the translational potential of scientific findings. Submissions should not exceed 30 double-spaced pages typed in 12-point font with 1-inch margins, inclusive of all parts of the manuscript, including the title page, abstract, text, references, tables, and figures.

Brief Report

IJBM accepts brief reports of soundly designed research studies of specialized interest or articles that are inappropriate as a full-length manuscript (e.g., small sample size, novel methodology, limited scope). An author who submits a Brief Report must agree not to submit the full report to another journal. Submissions should not exceed 15 double-spaced pages typed in 12-point font with 1-inch margins, inclusive of all parts of the manuscript, including the title page, abstract, text, references, tables, and figures.

Systematic Review or Meta-Analysis

Systematic literature reviews and meta-analyses on current topics are encouraged. Systematic reviews and meta-analyses should not exceed 30 double-spaced pages typed in 12-point font with 1-inch margins, inclusive of all parts of the manuscript, including the title page, abstract, text, references, tables, and figures.
Manuscript Submission

All manuscripts must be submitted online via Editorial Manager. Please follow the hyperlink “Submit Online” on the right of IJBM’s website and upload all of your manuscript files following the instructions given on the screen.

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

Authorship

Conditions for authorship include: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting and/or critically revising the article for important intellectual content; and 3) approval of the final publishable manuscript. Authors whose names appear on the submission share collective responsibility and accountability for the results.

All persons designated as authors should meet all three criteria, and all those who qualify should be listed. All contributors who do not meet these criteria for authorship, but have made a meaningful contribution (e.g., provision of purely technical help or writing assistance), should be listed in an acknowledgments section. Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

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Authors should include a cover letter at the time of submission containing any comments to the editors as well as a statement indicating that:

- Reported findings have not been previously published
- The manuscript is not being simultaneously being considered for publication elsewhere
- The authors have full control of all primary data and that they agree to allow the journal to review their data upon request
- Any actual or potential conflicts of interest with the organization that sponsored the research

Cover letters can be addressed to:

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The title page should include:

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- Institutional affiliation and contact information for all authors
- E-mail address and telephone number of the corresponding author
- If available, the 16-digit ORCID of all authors
- Acknowledgments
- Conflict of interest declaration

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Acknowledgments of people, grants, funds, etc. should be placed in a separate section on the title page. The names of funding organizations should be written in full.

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Conflict of Interest: The authors declare that they have no conflict of interest.

The corresponding author collects the conflict of interest disclosure forms from all authors. In author collaborations where formal agreements for representation allow it, it is sufficient for the corresponding author to sign the disclosure form on behalf of all authors.
Examples of forms can be found at the following links:

- COI-All Authors Form
- COI-Corresponding Author Form
- COI-ICMJE Modified Form
Abstract

Please provide a structured abstract of 150 to 250 words, which should be divided into the following sections:

• Background (including the main study objective and research question)
• Methods
• Results
• Conclusions

Keywords

Please provide 4 to 6 keywords that can be used for indexing purposes. It is recommend that you choose medical subject headings (MeSH) and/or psychological index terms for your keywords.
Tables and Figures

- Use the table function, not spreadsheets, to make tables.

- Tables are to be numbered consecutively using Arabic numerals and referred to by number in the text. Each table should be typed on a separate page. Each table must include a title that clearly and concisely explains the components of the table.

- Table notes should be indicated by superscript lowercase letters (or asterisks for significant values and other statistical data) and included beneath the table body.

- Figures and illustrations are to be numbered consecutively using Arabic numerals and referred to by number in the text. Figure captions are to appear on a separate page and must identify all elements found in the figure.
Citations

Reference citations in the text should be identified by numbers in square brackets. Some examples:

- Behavioral medicine research spans many disciplines [3].
- This result was later contradicted by Becker and Seligman [5].
- This effect has been widely studied [1-3, 7].

Reference List

Examples of format for the reference list are provided below. The reference list should only include works that are cited in the text and that have been published or accepted for publication. Personal communications and unpublished works should only be mentioned in the text. Entries in the reference list should be numbered consecutively in the order in which they appear in the manuscript.

- **Journal Article with one to six authors:**


- **Journal Article with more than six authors:**


- **Book with one to six authors:**


- **Book with seven or more authors:**


- **Chapter in edited book:**


- **Website:**

Reference Format

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Manuscripts should not exceed designated page limits, which are inclusive of all parts of the manuscript. Submissions that exceed the page limits will be returned to the author for shortening prior to the initiation of peer review.

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• First person language ("I", "we") should be avoided. Terminology should be sensitive to individuals who have a disease or disability. That is, terminology should reflect the "person with a disability" (e.g., children with diabetes, persons with HIV infection, families of people with cancer) rather than the condition as an adjective (e.g., diabetic children, HIV patients, cancer families). Non-sexist, non-racist, and non-heterosexist language should be used.
• Generic names of drugs are preferred; if trade names are used, the generic name should be given at first mention.

Headings

Use no more than three levels of displayed headings.

Abbreviations

The use of abbreviations and acronyms should be avoided throughout the manuscript whenever possible. Exceptions include common statistical terminology (e.g., ANOVA) and other widely recognized acronyms. Abbreviations should be defined at first mention and used consistently thereafter.

Footnotes

Footnotes should be avoided unless absolutely necessary. They should never include the bibliographic details of a reference or any figures or tables. Footnotes to the text are numbered consecutively; footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data). Do not use endnotes.
Statistical Equations and Computer Code

Whenever possible, statistical tests should include an effect size with confidence intervals. Authors are encouraged to report the relevant statistical information for both significant and non-significant effects.

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If electronic supplementary materials (ESM) are submitted, they will be published as received from the author in the online version only. ESM may consist of information that cannot be included in the printed version of the manuscript (e.g., animations, video clips, sound recordings, information that is more convenient in electronic form, sequences, spectral data, or additional tables or illustrations). If supplying ESM, the text must make specific mention of the material as a citation, similar to that of figures and tables (e.g. “...as shown in Electronic Supplementary Material 1.”)
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When reporting studies that involve human participants, authors should include a statement that the studies have been approved by the appropriate institutional and/or national research ethics committee and have been performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

If doubt exists whether the research was conducted in accordance with the 1964 Helsinki Declaration or comparable standards, the authors must explain the reasons for their approach, and demonstrate that the independent ethics committee or institutional review board explicitly approved the doubtful aspects of the study.

The following statements should be included in the text before the References section:

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For retrospective studies, please add the following sentence:
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Clinical trials include any research study in which one or more human subjects are prospectively assigned to one or more interventions (which may or may not include a control) to evaluate the effects of those interventions on health-related or behavioral outcomes.

Authors of randomized trials are requested to follow CONSORT guidelines in reporting their manuscript and to include a CONSORT (Consolidated Standards of Reporting Trials) checklist as an appendix to their submission (see www.consort-statement.org). Flow diagram should be included within the manuscript, as appropriate.

IJBM encourages clinical trials be registered at ClinicalTrials.gov or at another recognized, publicly accessible registry. A complete list of acceptable trial registries can be found via the WHO International Clinical Trials Registry Platform. Trial registrations should include all elements of each primary and secondary outcome. The name of the trial registry and the registration number should be listed below the abstract. All differences between (a) the reported methods and outcomes and (b) the registered methods and outcomes must be described and explained in the manuscript.

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Reporting guidelines have been developed for many other types of studies: observational studies, meta-analyses, diagnostic and prognostic studies, and qualitative research. IJBM encourages the inclusion of an appropriate checklist with submission. Reporting guidelines, checklists, and flow diagrams for many different types of studies are available at www.equator-network.org. These include, but are not limited to:

- TREND (Transparent Reporting of Evaluations with Non-randomized Designs).
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