**Table S1.** Questionnaire for Medical Check-up of the Old-Old (QMCOO)

| No. | Questions | Answer and score |
|---|---|---|
| 1 | How is your health condition? | Excellent/good/fair = 0,<br>Poor/very poor = 1 |
| 2 | Are you satisfied with your daily life? | Satisfied/moderately satisfied = 0,<br>Moderately dissatisfied/dissatisfied =1 |
| 3 | Do you eat three times a day? | Yes = 0,<br>No = 1 |
| 4 | Do you have any difficulties eating tough foods compared to 6 months ago? | Yes = 1,<br>No = 0 |
| 5 | Have you choked on your tea or soup recently? | Yes = 1,<br>No = 0 |
| 6 | Have you lost 2 kg or more in the past 6 months? | Yes = 1,<br>No = 0 |
| 7 | Do you think you walk slower than before? | Yes = 1,<br>No = 0 |
| 8 | Have you experienced a fall in the past year? | Yes = 1,<br>No = 0 |
| 9 | Do you go for a walk for your health at least once a week? | Yes = 0,<br>No = 1 |
| 10 | Do your family or friends point out your memory loss?<br>(e.g., “You ask the same question over and over again.”) | Yes = 1,<br>No = 0 |
| 11 | Do you find yourself not knowing today's date? | Yes = 1,<br>No = 0 |
| 12 | Do you smoke? | Yes = 1,<br>No/quit = 0 |
| 13 | Do you go out at least once a week? | Yes = 0,<br>No = 1 |
| 14 | Do you keep regular communication with your family and friends? | Yes = 0,<br>No = 1 |
| 15 | When you are not feeling well, do you have anyone you can talk with? | Yes = 0,<br>No = 1 |