**Supplementary material**

Phase 1:

* Structured questionnaire: identification (name, sex, education, marital status, age), socioeconomic status classification (Associação Brasileira de Empresas de Pesquisa, 2003), quality of life questionnaire, global functional performance (Brazilian Older Americans Resource and Services Multidimensional Functional Assessment Questionnaire - BOMFAQ) (Pfeiffer, 1978), mobility, incidents of falls and fractures, frequency and type of physical activity, details about leisure activities (such as games, crafts, reading, social gatherings, religious practice) as well as lifestyle factors (smoking, drinking and sleeping), nutritional information (semi-quantitative assessment of weekly consumption frequency of meat, carbohydrates, fruits, vegetables, cereals, dairy products, candies and coffee), and self-perception of visual and auditory function.
* Alcohol consumption habits – both current and previous (more than six months before the interview) - interviewers gathered information on the number of doses, frequency, duration, and types of beverages consumed from the study participants or, whenever possible, with a close informant (e.g., family relative), especially for individuals with cognitive impairment. The quantity of each type of beverage ingested per day, week, or month was independently queried, with a minimum dose of 0.1 per week as the inclusion threshold for current users.

Phase 2:

* Anamnesis focused on cognitive, motor and psychiatric symptoms, as well as functionality.
* History of relevant diseases (including neurological and psychiatric disorders, such as epilepsy, dementia, Parkinson’s disease, stroke, major depression or psychotic disorders).
* Medications currently in use.
* Hospitalizations and surgeries within the last 12 months.
* General physical examination (measurement of blood pressure, weight, height, heart rate, cardiac and cervical auscultation and measurement of the ankle-brachial index with Doppler).
* Neurological examination including the motor part of the Unified Parkinson's Disease Rating Scale (UPDRS; part III) (Fahn & Elton, 1987).
* Brief cognitive assessment with the Mini-Mental State Examination (MMSE) (Brucki, Nitrini, Caramelli, Bertolucci, & Okamoto, 2003)and the Brief Cognitive Screening Battery (i.e., figure memory test, category fluency test - animals/min., and clock drawing) (Nitrini et al., 1994).
* Pfeffer Functional Activities Questionnaire (FAQ), administered to informants (Pfeffer, Kurosaki, Harrah, Chance & Filos, 1982).
* Functional Assessment Staging in Alzheimer's Disease (FAST). (Reisberg, 1988).
* Geriatric Depression Scale (GDS-15) (Almeida & Almeida, 1999).
* Mini International Neuropsychiatric Interview (M.I.N.I.). (Lecrubier et al., 1997).
* Neuropsychological and functional assessments: Mattis Dementia Assessment Scale (Porto, Fichman, Caramelli, Bahia & Nitrini, 2003), Rey Auditory-Verbal Learning Test (Malloy-Diniz, Lasmar, Gazinelli, Fuentes & Salgado, 2007), Consortium to Establish a Registry for Alzheimer's Disease (CERAD) (Bertolucci et al., 2001), phonemic verbal fluency test(FAS) and Frontal Assessment Battery (Beato, Nitrini, Formigoni & Caramelli, 2007).

Phase 3:

- All participants were invited to provide blood samples for laboratory tests, encompassing blood count, creatinine, lipid profile, thyroid function, liver and canalicular enzymes, albumin, VDRL, erythrocyte sedimentation rate, cortisol and vitamin B12 measurement). These exams were conducted in 358 participants. *APOE* genotyping was carried out in 295 individuals. (Lara et al., 2016).