**Supplementary Table1.**

IADL-extended scale

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| --- |
| 1. Whether he/she goes to visit friends or relatives.2. Whether he/she offers volunteer work.3. Whether he/she goes to a cafeteria, an open care center for seniors or in another center where he/she participates in activities.4. Whether he/she goes out to the cinema, a restaurant or in order to participate in any sporting activity.5. Whether he/she attends any classes.6. Does he/she have any difficulty or problem doing shopping by himself/herself?(A positive answer to this item was given with a positive answer in either of the two questions included in the HELIAD study “Does the participant have difficulties handling money, paying the correct amount of money when buying something, getting the right change?” and “How much trouble does the participant have remembering short lists of things, like shopping lists or lists of things to do? Does he/she need to write down these lists?”)7. Does he/she have any difficulty finding his/her way around the neighborhood?8. Does he/she have any difficulty performing household chores such as cleaning, doing the laundry, cooking, mowing the lawn, etc.9. Responsibility for taking medications. |