**Supplementary Materials**

*Validity and Reliability of the Naturalistic Action Test (NAT)*

The Naturalistic Action Test (NAT; Schwartz et al., 2003) is a standardized and published performance-based measure of everyday action. Instructions, object placement, cuing procedures, and scoring are systematized and described in detail in the test manual, which is available online (www.mrri.org/naturalistic-action-test). The NAT involves three independent trials in which an everyday task(s) is performed with little guidance from the examiner. The trials include: 1) prepare a single slice of toast with butter and jelly and prepare a cup of instant coffee with cream and sugar; 2) wrap a gift with related distracter objects (gardening clippers, stapler, etc.) present in the array; and 3) pack a lunchbox with a sandwich, snack, and a drink and pack a schoolbag with supplies for school, while several of the necessary objects (knife, thermos lids) are stored out of view in a drawer with additional, and potentially distracting, objects (ice tongs, measuring tape, etc). The third NAT task also requires participants to ring a bell after they complete each subtask (i.e. after packing the lunchbox and after packing the schoolbag).

The NAT was validated in a study involving 75 cerebral vascular accident patients, 25 traumatic brain injury patients, and 28 healthy controls. The NAT reliably discriminates cognitively impaired individuals from age-matched controls. The NAT has good internal consistency (Cronbach’s α = .79) and has been shown to correlate with the Functional Impairment Measure (FIM), a measure of disability that is based on clinician ratings (*r*= .5). Additionally, with dementia patients, NAT performance has been shown to correlate significantly with performance of ADL/IADL in the home (accomplishment *r* = .34; total error score *r* =.45; Giovannetti et al., 2002). Inter-rater reliability for scoring the NAT is excellent for both accomplishment scores (median kappa= .98) and overall error rates (median kappa = .95). The test-retest reliability of the NAT for individuals suffering from acute injuries in a rehabilitation setting is moderate (*r*= .66). However, this finding is not surprising given that these NATs were given in a rehabilitation setting in which cognitive functioning is not stable and some functional improvements should be expected. Thus, it is reasonable that the two tests would be imperfectly correlated.

The NAT has been used to study diverse groups of cognitively impaired individuals that include people with closed head injury (CHI; Schwartz et al., 1998), stroke (Buxbaum, Schwartz, & Montgomery, 1998; Schwartz et al., 1999), dementia (Giovannetti et al., 2002), and mild cognitive impairment (Giovannetti et al., 2008; Seligman, Giovannetti, Sestito & Libon, 2014). Normative data are reported in the NAT manual (Schwartz et al., 2003) and in previously published studies (Schwartz, Segal, Veramonti, Ferrara, & Buxbaum, 2002; Sestito, Schmidt, Gallo, Giovannetti, & Libon, 2005). Previous studies have demonstrated that NAT variables are not affected by education, gender, or motor problems (Buxbaum et al., 1998; Giovannetti et al., 2002; Schwartz et al., 1998, 1999, 2002; Sestito et al., 2005).

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