| Description | Values $(1 = a \text{ deficit}, 0 = no \text{ deficit})$ | | |
|--|--|-----|--|
| | No | Yes | |
| Difficulty walking 100 yards | 0 | 1 | |
| Difficulty sitting 2 hours | 0 | 1 | |
| Difficulty getting up from a chair after sitting long periods | 0 | 1 | |
| Difficulty climbing several flights of stairs without resting | 0 | 1 | |
| Difficulty climbing one flight of stairs without resting | 0 | 1 | |
| Difficulty stooping, kneeling, or crouching | 0 | 1 | |
| Difficulty reaching or extending arms above shoulder level | 0 | 1 | |
| Difficulty pulling or pushing large objects like a living room chair | 0 | 1 | |
| Difficulty lifting or carrying weights over 10 pounds, like a heavy bag | 0 | 1 | |
| Difficulty picking up a 5p coin from a table | 0 | 1 | |
| Difficulty dressing, including putting on shoes and socks | 0 | 1 | |
| Difficulty walking across a room | 0 | 1 | |
| Difficulty bathing or showering | 0 | 1 | |
| Difficulty eating, such as cutting up your food | 0 | 1 | |
| Difficulty getting in or out of bed | 0 | 1 | |
| Difficulty using the toilet, including getting up or down | 0 | 1 | |
| Difficulty using a map to figure out how to get around in a strange place | 0 | 1 | |
| Difficulty preparing a hot meal | 0 | 1 | |
| Difficulty shopping for groceries | 0 | 1 | |
| Difficulty making telephone calls | 0 | 1 | |
| Difficulty taking medications | 0 | 1 | |
| Difficulty managing money, (e.g. paying bills and keeping track of expenses) | 0 | 1 | |
| Difficulty doing work around the house or garden | 0 | 1 | |
| Whether respondent has felt depressed much of the time during past week | 0 | 1 | |
| Whether respondent felt everything they did during the past week was an effort | 0 | 1 | |
| Whether respondent felt their sleep was restless during the past week | 0 | 1 | |
| Whether respondent was happy much of the time during the past week | 1 | 0 | |
| Whether respondent felt lonely much of the time during the past week | 0 | 1 | |
| Whether respondent enjoyed life much of the time during the past week | 1 | 0 | |

Table S1. Deficits included in calculating FI and their coding^*

| Whether respondent felt sad much of the time during the past week | | 0 | | 1 | | |
|--|-----------------|-----------|-----------------|-----------------|-----------------|--|
| Whether respondent could not get going much of the time during the past week | | 0 | | 1 | | |
| High blood pressure or hypertension (self-reported) | 0 | | | 1 | | |
| Angina (self-reported) | 0 | | | 1 | | |
| Heart attack (including myocardial infarction or coronary thrombosis) (self- | 0 | | | 1 | | |
| reported) | | | | | | |
| Congestive heart failure (self-reported) | | 0 | | 1 | | |
| An abnormal heart rhythm (self-reported) | | 0 | | 1 | | |
| Diabetes or high blood sugar (self-reported) | 0 | | | 1 | | |
| A stroke (cerebral vascular disease) (self-reported) | | 0 | | 1 | | |
| Chronic lung disease such as chronic bronchitis or emphysema (self-reported) | | 0 | | 1 | | |
| Asthma (self-reported) | | 0 | | 1 | | |
| Arthritis (including osteoarthritis, or rheumatism) (self-reported) | | 0 | | 1 | | |
| Osteoporosis, sometimes called thin or brittle bones (self-reported) | | 0 | | 1 | | |
| Cancer or a malignant tumour (excluding minor skin cancers) (self-reported) | | 0 | | 1 | | |
| Parkinson's disease (self-reported) | | 0 | | 1 | | |
| Any emotional, nervous or psychiatric problems (self-reported) | | 0 | | 1 | | |
| Alzheimer's disease (self-reported) | | 0 | | 1 | | |
| Dementia, organic brain syndrome, senility or any other serious memory | | 0 | | 1 | | |
| impairment (self-reported) | | | | | | |
| Whether respondent has fallen down at all /last year /last 2years | | 0 | | 1 | | |
| Whether respondent has fractured hip ever /in last 2 years | 0 | | | 1 | | |
| Whether respondent has had joint replacement ever | 0 | | | 1 | | |
| Whether respondent has had pain whilst walking | | 0 | | 1 | | |
| Identify today's date: day of month | 1 | | | 0 | | |
| Identify today's date: month | 1 | | | 0 | | |
| Identify today's date: year | 1 | | | 0 | | |
| Identify the day of the week | | 1 | 1 | 0 | 4 | |
| | 1 st | 2^{nd} | 3 rd | 4 th | 5 th | |
| Delayed word recall (sample organised into quintiles) | 0 | 0.25 | 0.5 | 0.75 | 1 | |
| Immediate word recall (sample organised into quartiles) | 0 | 0.3 | 0.6 | 1 | - | |
| | Excellent | Very Good | d Fair | Poor | Blind | |
| | good | | | | | |

| Self-reported eyesight (while using lenses, if appropriate) | 0 | 0.2 | 0.4 | 0.6 | 0.8 | 1 |
|--|---|------|-----|------|-----|---|
| Self-reported hearing (while using hearing aid if appropriate) | 0 | 0.25 | 0.5 | 0.75 | 1 | - |
| Self-reported general health | 0 | 0.25 | 0.5 | 0.75 | 1 | - |
| *Adapted from Marshall et al [13]. | | | | | | |