

**Web Table 1. Examination Components for the Chicago Healthy Aging Study Follow-up Examination, Chicago Illinois, 2007-2010**

<b>Procedure/ Measure</b>	<b>Estimated time (minutes)</b>	<b>Description</b>
Informed consent	15	Explained any potential risks and obtained signed informed consent in compliance with IRB requirements
Demographics	5	Baseline (1967-73) demographic data verified and interim changes noted. Socio-demographic information such as marital status, residence type, household composition, educational attainment, current employment status, income, and current health insurance status obtained
Seated blood pressure	15	Seated systolic and diastolic (5th phase) BP measured 3 times, 1 minute apart, using Omron® automated BP device
Phlebotomy	10	About 43.5 ml of blood drawn from antecubital vein using vacutainer blood collection sets: 7 ml gray top tube for fasting glucose; 7 ml red top tube for fasting lipid profile (total cholesterol, triglycerides, HDL-C, and calculated LDL-C); 10 ml tube for high-sensitivity CRP and white blood cell count; 15 ml of blood (serum, plasma and whole) stored for future studies. Samples placed in melting ice immediately and centrifuged (2500g for 20 min) within 2 hours of collection
Anthropometric measurements	10	Height measured with participants standing without shoes, back against vertical Stadiometer and heels against a wall on a bare floor; folding ruler and level used to ensure consistency. Weight recorded in light clothing to the nearest 0.5 pound using Detecto Platform Balance Scale. Waist circumference measured at umbilicus level using a standard tape measure. Neck circumference measured with a flexible tape horizontally above the cricothyroid cartilage to 1 mm accuracy
Medication review	10	Prescription and non-prescription medications reviewed; names and dosages noted
Tests of lower extremity strength and coordination	20	<i>Repeated chair rise test:</i> participants asked to sit on straight-backed chair with arms folded across chest and timed standing up from the seated position 5 times consecutively as quickly as possible; timing began with word “go,” and ended when participants stood upright for the 5 <sup>th</sup> time  <i>Timed four meter walk:</i> Participants timed walking 4 meter distance. Four-meter walk performed twice at participants’ usual walking pace and twice at participants’ fastest walking pace. Time recorded to the nearest 100 <sup>th</sup> of a second. Walkers or canes permitted  <i>Tandem stands:</i> Participants held 3 increasingly difficult standing positions for 10 seconds each: 1) both feet together side-by-side and parallel (side-by-side stand), 2) feet parallel

		with the toes of one foot adjacent to and touching the heels of the opposite foot (semi-tandem stand), and 3) one foot directly in front of the other (tandem stand)
Six-minute walk	10	Participants instructed to walk up and down a 70-foot hallway for 6 minutes completing as many laps as possible; total distances recorded. Participants allowed to rest at any time as required, with stop-watch left running
Grip strength	2	Measured with hand held dynamometer using the dominant hand; the best of three trials of maximal grip recorded
Electrocardiogram	15	Standard 12-lead ECG performed in supine or semi-recumbent position and read using criteria from the Minnesota Coding Center
Ankle Brachial Index (ABI)	15	Participants rested in the supine position for 5 minutes; then posterior tibial and dorsalis pedis artery pressures in each leg and brachial artery systolic pressures in each arm measured twice. ABI calculated for each lower extremity by dividing the average of the lower extremity arterial pressures in each leg by the average of the 4 brachial pressures
Multidetector Row Helical Computed Tomography (MDCT)	20	Two scans, 1-2 minutes apart obtained using MDCT scanner. Total CAC computed by summing Agatston scores of calcified lesions within each artery (left main, left circumflex, left anterior descending, and right coronary) and across all arteries
Carotid Ultrasound	30	Magnified, single, gray scale images of the right and left carotid arteries obtained using GE Logiq 700 device (probe frequency 13 MHz for scanning CCA and 9 MHz for bulb and ICA). Distal common carotid artery (CCA), the carotid bulb, and proximal internal carotid artery (ICA) were imaged, with participant's head rotated 45 degrees away from the side of study. Single image of CCA and 2 images each of carotid bulb and ICA from different angles were captured. Video stream of right CCA recorded. CCA, carotid bulb and ICA segments also captured as a single or static image (at end-diastole) accompanied by 3-5 second real-time cine loop demonstrating at least two complete cardiac cycles.
Magnetic Resonance Imaging (MRI) <sup>a</sup>	60	Coronary MRI conducted using Tesla cardiovascular MRI system (MAGNETOM Avanto, Siemens Medical Solutions, Erlangen, Germany). Cardiac cine MRI: Segmented SSFP technique used to acquire cardiac cine images in the true short axis of the heart. Two slices with a 4-mm interval acquired within a breath-hold at the end of expiration. Five breath-hold scans (10 slices) acquired covering the heart from base to apex. Whole-heart coronary magnetic resonance angiogram (MRA): ECG-triggered, fat-saturated, T2-prepared, segmented 3-dimensional SSFP sequence employed for whole-heart coronary MRA, with participants freely breathing; 80 transverse slices acquired and sinc-interpolated to 160 slices of 0.75-mm thickness. Coronary artery wall imaging: Coronary MRA acquired using a free breathing whole heart

		technique to localize coronary arteries. Next, cross-sectional images of the proximal portions of the coronary arteries acquired using breath-hold, ECG-gated, turbo spin echo sequence with double inversion pulse preparation to null the blood; 3 slices at 5 mm intervals in the right coronary artery, 1 slice in the left main coronary artery, and 3 slices in the left anterior descending artery acquired.
Mini-Mental State Examination (MMSE) <sup>a</sup>	10	Used to assess global cognitive functioning with questions about orientation to time and place, registration and recall of 3 objects, simple language tasks, and visual-constructional abilities
Digit Symbol Substitution Test (DSST) <sup>a</sup>	90 seconds	Used to determine cognitive functioning. Participants asked to fill in blank spaces below a series of numbers, with corresponding symbol paired with each number in a grid key provided, as fast as possible. The score is the number of correct number-symbol matches in a 90-second period
Center for Epidemiologic Studies Depression Scale (CES-D) <sup>a</sup>	5	Used to determine mood; 4 factors assessed: depressive affect, somatic symptoms, positive affect and interpersonal relations
State-Trait Anxiety Inventory (STAI) <sup>a</sup>	5	Used to determine anxiety; differentiates between the temporary condition of “state anxiety” (i.e., subjective feelings of tension and apprehension, and heightened physiologic activity) and the more general and long-standing “trait anxiety” (i.e., a general predisposition to respond).
Perceived Stress Scale (PSS) <sup>a</sup>	5	Used to determine level of stress; measures global perception of stress in previous month
Actigraphy <sup>a</sup>		Participants wore wrist actigraphy monitor (Actiwatch, Minimitter, Bend Oregon) for 7 consecutive days on the non-dominant wrist; collected data downloaded into the Actiware 5.04 program for analysis
Sleep-wake diaries <sup>a</sup>	3 minutes/ day	In conjunction with actigraphy, participants maintained daily sleep and activity logs for 7 consecutive days using the Karolinska Sleepiness Scale. Bedtime, wake-up time, total sleep time, sleep latency, wake after sleep onset, naps, any unusual events during the day or night, and rating of overall sleep quality noted

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<sup>a</sup> Additional measures obtained from all participants as part of an ancillary study.

Abbreviations: BP: blood pressure; HDL-C: high density lipoprotein cholesterol; LDL-C: low density lipoprotein cholesterol; CRP:C-reactive protein; ECG: electrocardiogram; ABI: ankle brachial index; MDCT: Multi-detector Row Helical Computed Tomography; CAC: coronary artery calcium; MRI: magnetic resonance imaging; SSFP: steady-state free precession; MRA: magnetic resonance angiogram; MMSE: mini-mental status examination; CES-D: Center for Epidemiologic Studies Depression Scale; STAI: State-Trait Anxiety Inventory; PSS; Perceived Stress Scale.