# **Supporting Information**

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#### **Measurement of Psychological Factors**

Psychological factors included depression, anxiety, negative affect, positive affect, religiosity, personal growth, and self-acceptance. These factors were assessed using measures that have been rigorously evaluated and shown good reliability and validity in previous studies. Depression was measured using the Center for Epidemiological Studies Depression Scale (CES-D) (in the Health and Retirement Study, HRS, mean = 1.43, SD = 1.94, Cronbach  $\alpha = 0.88$ ), anxiety was measured using the Beck Anxiety Inventory (in HRS, mean = 1.57, SD = 0.58, Cronbach  $\alpha = 0.81$ ), negative affect and positive affect were measured using a 12-item scale that was developed for use in nationally representative datasets (negative affect in HRS, mean = 1.64, SD = 0.66, Cronbach  $\alpha$  = 0.90; positive affect in HRS, mean = 3.58, SD = 0.69, Cronbach  $\alpha$  = 0.91), religiosity was measured using the Brief Multidimensional Measure of Religiousness/ Spirituality (in HRS, mean = 5.13, SD = 1.38, Cronbach  $\alpha$  = 0.91), and finally personal growth (in HRS, mean = 5.52, SD = 0.92, Cronbach  $\alpha$  = 0.76) and self-acceptance (in HRS, mean = 4.63, SD = 0.94, Cronbach  $\alpha$  = 0.82) were measured using the Psychological Well-Being Scales.

#### Personal Growth and Self-Acceptance

HRS already collects information about personal growth and selfacceptance, two other dimensions of psychological well-being. Therefore, in an exploratory manner, we examined the association between personal growth and self-acceptance with preventive health care use and overnight hospitalizations. We found that both personal growth and self-acceptance were associated with more preventive health care use and fewer overnight hospitalizations. The pattern of results and the size of the associations were similar compared with purpose in life. Although these factors have received notably less research in the context of health, these important factors should be more fully explored in future research.

## Table S1. ORs for the association between purpose and preventive health care services (basic model)

Health service measure	Adjusted OR (95% Cl)	P value	Prevalence (%)
Preventive flu shot*	1.05 (0.99–1.12)	0.090	64.03
Cholesterol test <sup>†</sup>	1.21 (1.12–1.31)	<0.001	76.52
Colonoscopy <sup>‡</sup>	1.11 (1.04–1.19)	0.001	27.24
Mammogram/X-ray <sup>§</sup>	1.36 (1.25–1.48)	<0.001	59.59
Pap smear <sup>§</sup> Prostate examination <sup>¶</sup>	1.25 (1.15–1.37) 1.41 (1.28–1.56)	<0.001 <0.001	33.44 57.61

All models were age-adjusted.

\*n = 7,168.

<sup>†</sup>Only people with no history of heart disease or stroke (n = 5,160).

<sup>\*</sup>Only people with no history of cancer (n = 6,070).

<sup>§</sup>Only women with no history of cancer (n = 3,535).

<sup>¶</sup>Only men with no history of cancer (n = 2,534).

Model	Tertile group	Adjusted RRs (95% CI)	P value
Preventive flu shot*	Low (reference group)	1.00	
	Moderate	1.09 (0.95–1.25)	0.204
	High	1.01 (0.88–1.16)	0.878
Cholesterol test <sup>†</sup>	Low (reference group)	1.00	
	Moderate	1.28 (1.06–1.55)	0.009
	High	1.40 (1.15–1.70)	0.001
Colonoscopy <sup>‡</sup>	Low (reference group)	1.00	
	Moderate	1.08 (0.93–1.26)	0.308
	High	1.19 (1.02–1.38)	0.025
Mammogram/X-ray <sup>§</sup>	Low (reference group)	1.00	
	Moderate	1.32 (1.09–1.60)	0.005
	High	1.57 (1.29–1.92)	<0.001
Pap smear <sup>§</sup>	Low (reference group)	1.00	
	Moderate	1.13 (0.93–1.38)	0.228
	High	1.37 (1.12–1.67)	0.002
Prostate examination <sup>¶</sup>	Low (reference group)	1.00	
	Moderate	1.38 (1.10–1.72)	0.005
	High	1.55 (1.23–1.95)	<0.001

Table S2.	ORs for the association	between	purpose and	preventive health care s	ervices
(by tertile)					

All models were adjusted for age, sex, race/ethnicity, marital status, education level, total wealth, insurance status, an index of major chronic illnesses.

\*n = 7,168.

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<sup>†</sup>Only people with no history of heart disease or stroke (n = 5,160).

<sup>+</sup>Only people with no history of cancer (n = 6,070).

<sup>§</sup>Only women with no history of cancer (n = 3,535).

<sup>¶</sup>Only men with no history of cancer (n = 2,534).

Table S3.	RRs for the association between purpose and number		
of nights spent in the hospital (by tertile)			

Model	Tertile group	Adjusted RRs (95% CI)	P value
1*	Low (reference group)	1.00	
	Moderate	0.77 (0.66–0.89)	0.001
	High	0.67 (0.56–0.79)	<0.001
2* <sup>,†</sup>	Low (reference group)	1.00	
	Moderate	0.83 (0.72–0.95)	0.010
	High	0.75 (0.64–0.89)	0.001
3* <sup>,‡</sup>	Low (reference group)	1.00	
	Moderate	0.81 (0.70–0.93)	0.003
	High	0.72 (0.62–0.85)	<0.001
4* <sup>,§</sup>	Low (reference group)	1.00	
	Moderate	0.77 (0.66–0.89)	0.001
	High	0.67 (0.57–0.79)	<0.001
5* <sup>,¶</sup>	Low (reference group)	1.00	
	Moderate	0.86 (0.75–0.99)	0.034
	High	0.80 (0.68–0.94)	0.008

\*Core sociodemographic factors: age, sex, race/ethnicity, marital status, education level, total wealth, insurance status.

<sup>†</sup>Baseline health: index of major chronic illnesses.

<sup>‡</sup>Health behaviors: smoking, exercise, alcohol use.

<sup>§</sup>Geographic: region, urbancity.

<sup>¶</sup>All covariates: age, sex, race/ethnicity, marital status, education level, total wealth, insurance status, index of major chronic illnesses, smoking, exercise, alcohol use, region, urbancity.