Table S1. Test for differential attrition in baseline demographic and clinical characteristics

among the Asian group.

among the ristan group.	Missing (n=16)	Non-missing (n=86)	$\chi^2(\mathrm{df}) \text{ or } t(\mathrm{df}); p$
Baseline demographics		<u> </u>	
Age, mean (SD)	80.6 (6.9)	77.5 (7.3)	t(100) = 1.58; p = .12
Gender, n (%)			, , , , , ,
Male	4 (25.0%)	19 (22.1%)	$\chi^2(1) = .07; p = .80$
Female	12 (75.0%)	67 (77.9%)	,, ,
Education, n(%)	, ,		
Less than high school	8 (50.0%)	31 (36.0%)	$\chi^2(1) = 1.11; p = .29$
High school or more	8 (50.0%)	55 (64.0%)	
Place of birth, n(%)			
Outside of U.S.	16 (100.0%)	86 (100.0%)	
U.S.	0 (.0%)	0(.0%)	
Self-rated physical health, n(%)			
Good/Very Good/Excellent	2 (12.5%)	20 (23.3%)	$\chi^2(1) = .92; p = .34$
Fair/Poor	14 (87.5%)	66 (76.7%)	
Language, n(%)			
English	0 (.0%)	1 (1.2%)	$\chi^2(1) = .19; p = .67$
Spanish	0 (.0%)	0 (.0%)	
Mandarin/Cantonese	16 (100.0%)	85 (98.8%)	
Any chronic conditions, n (%)			
No	2 (12.5%)	7 (8.1%)	$\chi^2(1) = .32; p = .57$
Yes	14 (87.5%)	79 (91.9%)	
Baseline clinical characteristics			
PTSD (PCL-5), mean (SD)	6.4 (6.2)	9.5 (11.2)	t(100) = -1.06; p = .29
Traumatic exposure ^a (BTQ), n (%)			
No	13 (81.3%)	56 (66.7%)	$\chi^2(1) = 1.34; p = .25$
Yes	3 (18.8%)	28 (33.3%)	
Depression (PHQ-9), mean (SD)	9.3 (4.9)	6.9 (5.1)	t(100) = 1.71; p = .09
Anxiety (GAD-7), mean (SD)	6.4 (5.4)	4.5 (4.5)	t(100) = 1.50; p = .14
ESS score ^b , mean (SD)	8.5 (5.6)	8.3 (4.9)	t(100) = .12; p = .91
0-9 n (%)	9 (56.3%)	58 (67.4%)	$\chi^2(1) = .75; p = .39$
10-24 n (%)	7 (43.8%)	28 (32.6%)	

^a Traumatic exposure was defined as meeting DSM-IV A.1 criteria for post-traumatic stress disorder: respondents experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

^b ESS scores between 0 and 9 are indicative of a respondent being unlikely to have abnormal sleepiness or an average amount of daytime sleepiness; ESS scores between 10 and 24 are indicative that a respondent may be excessively sleepy and may need medical attention or that a respondent is excessively sleepy and should consider seeking medical attention.

Table S2. Association between PTSD (PCL-5 scores) and normal cognitive functioning (MoCA scores \geq

25) among Latino and Asian older adults.

Depender	nt variable: Norma	al cognit	ive functioning (MoC	A score	$s \ge 25$)	
	Latino (n=134)					
	Model 1		Model 2		Model 3	
	OR [95% CI]	p	OR [95% CI]	p	OR [95% CI]	р
PTSD (PCL-5 scores) Sleep: ESS scores (0-9 reference) ^a	.99 [.95, 1.05]	.81	.99 [.94, 1.04]	.73	.99 [.94, 1.05]	.83
10-24					.92 [.09, 9.95]	.95
Sleep # PTSD (interaction)					.98 [.85, 1.13]	.79
Age Gender (male reference)			.96 [.86, 1.07]	.42	.96 [.85, 1.07]	.43
Female Education (< HS reference)			2.66 [.31, 23.04]	.37	2.45 [.27, 21.91]	.42
HS or more Self-reported physical health (good/very good/excellent			4.94 [.56, 43.29]	.15	5.17 [.58, 45.79]	.14
reference)						
Fair/poor			.38 [.07, 2.02]	.26	.43 [.07, 2.49]	.35
	Asian (n=86)					
	Model 1		Model 2		Model 3	
	OR [95% CI]	p	OR [95% CI]	p	OR [95% CI]	p
PTSD (PCL-5 scores) Sleep: ESS scores (0-9 reference) ^a	.93 [.87, .99]	.02	.92 [.86, .99]	.02	.87 [.77, .97]	.01
10-24					.31 [.07, 1.45]	.14
Sleep # PTSD (interaction)					1.12 [.98, 1.28]	.11
Age			.96 [.89, 1.03]	.26	.95 [.88, 1.03]	.23
Gender (male reference) Female			1.37 [.36, 5.24]	.64	1.26 [.32, 4.91]	.74
Education (< HS reference) HS or more			1.77 [.61, 5.19]	.30	2.01 [.66, 6.17]	.22
Self-reported physical health (good/very good/excellent reference)						
Fair/poor			.52 [.17, 1.63]	.26	.49 [.15, 1.61]	.24

^a ESS scores between 0 and 9 are indicative of a respondent being unlikely to have abnormal sleepiness or an average amount of daytime sleepiness; ESS scores between 10 and 24 are indicative that a respondent may be excessively sleepy and may need medical attention or that a respondent is excessively sleepy and should consider seeking medical attention.

Table S3. Association between PTSD (PCL-5 scores) and normal cognitive functioning (MoCA scores ≥ 24) among Latino older adults using a MoCA cut-off score of 24.

Depende	ent variable: Nori	mal cogr	nitive functioning (MoC	CA scor	$res \ge 24$)		
			Latino (n=1.	34)			
	Model 1		Model 2	Model 2		Model 3	
	OR [95% CI]	p	OR [95% CI]	р	OR [95% CI]	p	
PTSD (PCL-5 scores)	.98 [.94, 1.03]	.43	.98 [.94, 1.02]	.41	.98 [.94, 1.03]	.51	
Sleep: ESS scores (0-9							
reference) ^a							
10-24					.76 [.13, 4.46]	.77	
Sleep # PTSD (interaction)					.99 [.89, 1.10]	.85	
Age			.97 [.89, 1.05]	.42	.97 [.89, 1.06]	.46	
Gender (male reference)							
Female			1.47 [.37, 5.92]	.59	1.35 [.33, 5.61]	.68	
Education (< HS reference)							
HS or more			10.55 [1.30, 85.93]	.03	11.02 [1.34, 90.42]	.03	
Self-reported physical							
health (good/very							
good/excellent reference)							
Fair/poor			.46 [.13, 1.60]	.22	.52 [.14, 1.90]	.32	

^a ESS scores between 0 and 9 are indicative of a respondent being unlikely to have abnormal sleepiness or an average amount of daytime sleepiness; ESS scores between 10 and 24 are indicative that a respondent may be excessively sleepy and may need medical attention or that a respondent is excessively sleepy and should consider seeking medical attention.

Table S4. Association between PTSD (PCL-5 scores) and normal cognitive functioning (MoCA scores ≥ 25) among Latino and Asian older adults using additional controls.

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Dependent	variable: Normal c	cognitive	functioning (MoCA	scores	≥ 25)	
	Latino (n=134)					
	Model 1		Model 2		Model 3	
	OR [95% CI]	p	OR [95% CI]	\overline{p}	OR [95% CI]	р
PTSD (PCL-5 scores)	.99 [.94, 1.04]	.75	.99 [.94, 1.05]	.78	.99 [.94, 1.04]	.64
Place of birth (U.S. reference)						
Outside the U.S.					3.93 [.46, 33.94]	.21
Age	.96 [.85, 1.07]	.43	.95 [.85, 1.07]	.40	.96 [.85, 1.08]	.48
Gender (male reference)						
Female	2.66 [.29, 24.11]	.38	2.79 [.31, 25.10]	.36	2.39 [.27, 21.43]	.44
Education (< HS reference)						
HS or more	4.94 [.56, 43.48]	.15	5.03 [.57, 44.34]	.15	5.56 [.61, 50.86]	.13
Self-reported physical health						
(good/very good/excellent						
reference)						
Fair/poor	.38 [.07, 2.06]	.26	.38 [.07, 2.02]	.26	.40 [.07, 2.19]	.29
Any chronic condition (none						
reference)						
1+ chronic condition	1.00 [.15, 6.43]	1.00				
12-month psychotropic						
medication use (no reference) ^a						
Yes			.81 [.13, 4.96]	.82		
		Asian	(n=86)			
	Model 1		Model 2			
	OR [95% CI]	p	OR [95% CI]	p		
PTSD (PCL-5 scores)	.92 [.86, .99]	.02	.93 [.87, 1.00]	.05		
Age	.96 [.89, 1.03]	.26	.96 [.89, 1.04]	.29		
Gender (male reference)						
Female	1.34 [.35, 5.20]	.67	1.44 [.37, 5.67]	.60		
Education (< HS reference)						
HS or more	1.76 [.60, 5.16]	.31	1.94 [.66, 5.75]	.23		
Self-reported physical health						
(good/very good/excellent						
reference)						
Fair/poor	.53 [.17, 1.66]	.28	.57 [.18, 1.78]	.33		
Any chronic condition (none	- ·		- ·			
reference)						
1+ chronic condition	.83 [.15, 4.51]	.83				
12-month psychotropic						
medication use (no reference) ^a						
Yes			.28 [.03, 2.64]	.27		

^a Psychotropic medication use was assessed through the question "Have you gotten a prescription or medicine

for your emotions, nerves or mental health from a psychiatrist, psychiatrist nurse practitioner, or PCP in the last 12-months?".

Supplementary Table S1: Differential attrition comparing Asians with MoCA score and Asians without MoCA scores.

Supplementary Table S2: Additional variables associated with cognitive functioning.

Supplementary Table S3: Model estimates among Latino participants using a MoCA cutoff score of 24.

Supplementary Table S4: Sensitivity analyses with additional controls.