

### Online Table A. Mediterranean Diet: An Overview

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Large intake of fruits, vegetables, legumes, and cereals (mostly unprocessed)

Moderate amounts of alcohol

Small amounts of red meat

Moderate to large amounts of fish

Small amounts of saturated fats and high amounts of unsaturated fats

Small to moderate amounts of dairy products

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*Information from Knoops KT, de Groot LC, Kromhout D, et al. Mediterranean diet, lifestyle factors, and 10-year mortality in elderly European men and women: the HALE project. JAMA. 2004;292(12):1433-1439.*

### Online Table B. Measures of Functional Status

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#### Activities of daily living<sup>B1</sup>

Bathing or showering

Dressing

Eating

Getting into or out of bed or a chair

Using the toilet

#### Instrumental activities of daily living<sup>B2</sup>

Managing money

Performing light or heavy housework

Preparing meals

Shopping for groceries or personal items

Using a telephone

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*B1. National Center for Health Statistics. Activities of daily living (ADL). <http://www.cdc.gov/nchs/datawh/nchsdefs/adl.htm>. Accessed March 26, 2008.*

*B2. National Center for Health Statistics. Instrumental activities of daily living (IADL). <http://www.cdc.gov/nchs/datawh/nchsdefs/iadl.htm>. Accessed March 26, 2008.*

**Online Table C. Four-Year Mortality Index for Older Adults**

<i>Question</i>	<i>Response</i>	<i>Points</i>
What is your age?	60 to 64 years	1
	65 to 69 years	2
	70 to 74 years	3
	75 to 79 years	4
	80 to 84 years	5
	≥ 85 years	7
What is your sex?	Male	2
	Female	0
What is your weight?	_____ pounds	—
What is your height?	_____ inches	—
	BMI = $703 \times (\text{weight in pounds} / \text{height in inches}^2)$	—
	BMI = _____ kg per m <sup>2</sup>	—
	BMI < 25 kg per m <sup>2</sup>	1
Has a doctor ever told you that you have diabetes or high blood glucose? (Y/N)	Yes	1
Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers? (Y/N)	Yes	2
Do you have a chronic lung disease that limits your usual activities or makes you need oxygen at home? (Y/N)	Yes	2
Has a doctor told you that you have congestive heart failure? (Y/N)	Yes	2
Have you smoked cigarettes in the past week? (Y/N)	Yes	2
Because of a health or memory problem, do you have difficulty with bathing or showering? (Y/N)	Yes	2
Because of a health or memory problem, do you have any difficulty with managing your money—such as paying your bills and keeping track of expenses? (Y/N)	Yes	2
Because of a health problem, do you have any difficulty with walking several city blocks? (Y/N)	Yes	2
Because of a health problem, do you have any difficulty with pulling or pushing large objects such as a living room chair? (Y/N)	Yes	1
<b>Total points:</b>		_____

**Risk stratification for four-year mortality by points**

<i>Points</i>	<i>Mortality risk</i>
0 to 5	3 percent
6 to 9	15 percent
10 to 13	40 percent
14 or more	67 percent

BMI = body mass index.

Adapted with permission from Lee SJ, Lindquist K, Segal MR, Covinsky KE. Development and validation of a prognostic index for 4-year mortality in older adults. JAMA. 2006;295(7):807.