| Category        | Criteria                                                                 | Subcategory | Characteristics          |
|-----------------|---------------------------------------------------------------------------|-------------|--------------------------|
| J independence  | Slight disorders with being almost independent in daily living and can outing. | J1          | Use public transport.    |
| J2              |                                                                           |             | Go out only neighborhood.|
| A house-bound   | Almost independent at home without the ability of going out alone.         | A1          | Spend most time away from the bed and sometimes go out with some assistance. |
| A2              |                                                                           |             | Spend most time in bed and rarely go out even with some assistance. |
| B chair-bound   | Dependent even at home and spend almost time in bed in the daytime with the ability of keeping sitting position alone. | B1          | Move to wheelchair alone, eat and excrete away from bed. |
| B2              |                                                                           |             | Move to wheelchair with help. |
| C bed-bound     | Bedridden and dependent of excretion, eating and gowning.                 | C1          | Roll over alone.         |
| C2              |                                                                           |             | Roll over with help.     |
### S1, Table B. The categories of Cognitive Function Scores.

| Category | Criteria | Subcategory | Characteristics |
|----------|----------|-------------|-----------------|
| 1        | Almost independent in daily living only with slight cognitive impairment. |              |                 |
| 2        | Independent with slight difficulty in daily living or communication under careful overseeing. | 2a           | Applicable only outside. |
| 2        |                                        | 2b           | Applicable even at home. |
| 3        | Dependent in daily living or communication. | 3a           | Applicable mainly daytime. |
| 4        | Dependent in daily living or communication with requiring constant care. |              |                 |
| M        | Severe psychological symptoms, troubled behaviors or severe physical disorders requiring specialized medical service. |              |                 |