Additional Information 1
The interviewer’s guide

*Family environment
Do you live alone or with family? Choices: (1) alone (2) with family

*Job
Do you currently have a job? Choices: (1) yes (2) no

*Disease history (based on diagnosis or prescription of medication by a doctor)
Do you have hypertension? Choices: (1) yes (2) no
Do you have a history of stroke? Choices: (1) yes (2) no
Do you have diabetes? Choices: (1) yes (2) no

*Alcohol habits
Do you drink alcohol? Choices: (1) never (2) no (ex-drinker) (3) yes
If yes, how often do you drink? Choices: (1) <1 (2) 1, 2 or 3 (3) 4, 4 or 5, 5, 6 or 7 (days/week)
If yes, how much do you drink a day?
Choices: (1) <1 (2) 1.1-1.9 (3) 2-2.9 (4) 3-3.9 (5) 4-4.9 (6) 5-5.9 (7) 6-6.9 (8) 7-7.9 (9) 8-8.9 (10) 9-9.9 (11) 10 or more (gou/days; 1 gou is equivalent to 180 mL of Japanese sake)

*Smoking habits
Do you smoke? Choices: (1) never (2) no (ex-smoker) (3) yes

*Sleep habits
What time do you go to sleep? Typical time: _____:_____ (PM or AM)
How long do you sleep? (typical sleep duration)
Choices: (1) <3 (2) 3-3.9 (3) 4-4.9 (4) 5-5.9 (5) 6-6.9 (6) 7-7.9 (7) 8-8.9 (8) 9-9.9 (9) 10 or more (hours)
How is your sleep quality? Choices: (1) good (2) bad (sleep disturbance)
Do you take any sleep pills? Choices: (1) yes (2) no
Do you take a daytime nap? If so, for how long? Choices: (1) no (2) <30 (3) 30-59 (4) ≥60 (minutes)

*Cognitive function is assessed using the revised Hasegawa’s dementia scale (HDS-R) (Imai & Hasegawa, 1994).
### Appendix 1. Hasegawa's Dementia Scale - Revised (HDS-R)

|   |   |   |
|---|---|---|
| 1. | **How old are you?** (+/- 2 yrs.) |   |
|   | Year, month, date, day? 1 point each. |   |
|   |   | Year 0 1 |
|   |   | Month 0 1 |
|   |   | Date 0 1 |
|   |   | Day 0 1 |
| 2. | **What is this place?** Correct answer in 5 sec..2 points |
|   | Correct choice between "hospital? office?" | 0 2 1 |
| 3. | **Repeating 3 words. 1 point each. (To use only one version per test.)** |   |
|   | Version A: "cherry blossom blast cream" |
|   | Version B: "plum blossom brisk clear" |
|   |   | a) 0 1 |
|   |   | b) 0 1 |
|   |   | c) 0 1 |
| 4. | **100-7=93 correct, 1 point.** If not, skip to item #6. |
|   | If not, skip to item #7. |
|   | -7 again=93 correct, 1 point. | 93 0 1 |
| 5. | **Repeat 6-8-2 backwards.** If not, skip to item #7. |
|   | Repeat 3-5-2-9 backwards. |   |
|   |   | 0 1 |
| 6. | **Recall 3 words. For each word** |
|   |   | a) 0 1 2 |
|   |   | b) 0 1 2 |
|   |   | c) 0 1 2 |
| 7. | Show five unrelated common object, then take them back and ask for recall. 1 point each. |   |
|   |   | 0 1 2 |
|   |   | 3 4 5 |
| 8. | Name all vegetables that come to mind. No time limit. May remind once. Terminate when there is no further answer after a 10 sec. interval. For each vegetable name after the 5th one: 1 point. |   |
|   |   | 0 1 2 |
|   |   | 3 4 5 |
| 9. |   |   |
|   |   | 1 2 3 4 5   |
|   |   | 6 7 8 9 10 |
|   | Total score | /30 |