**S2 Table. All items collected in this study**

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| Age (years) |
| Sexa. maleb. female |
| Whether the participant is certified to receive support/long-term care a provided by the public long-term insurance system of Japan b.a. not being certifiedb. support level 1c. support level 2d. care level 1e. care level 2f. care level 3 to 5g. being certified but unknown |
| Current deterioration of health condition (rated using a VAS, with 0 the best and 100 the worst) |
| Activities involving going out of the home in the past week. a. went out alone b. went out with an escort c. did not go out of the home |
| Three of 6 questions on the participants’ degree of social isolation, derived from the Japanese version of the Lubben Social Network Scale (LSNS-6) (each with a maximum score of 5 points and a total of 15 points) a. How many friends do you see or talk with at least once a month? b. How many friends do you have that you feel comfortable asking for help?c. How many friends do you have that you can comfortably talk with about your private matters? 0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five to eight, 5 = nine or more |
| The usual means of transportationa. vehicle that they drive themselves such as a private car, motorcycle, or an electric cart b. public transportation including community bus c. does not use any form of transportation |
| Whether living with any family members a. live alone b. live with anyone |
| The number of people living with the participant (number) |
| Whether the participant regularly visits the clinic in the village |
| Whether the participant has a primary care physician (regardless of whether the physician is located in the village or elsewhere and regardless of their specialty) |
| Type of public medical insuranceca. National Health Insuranceb. Employee's Health Insurancec. Insurance of Medical Care System for Senior Citizens aged 75 years of older, requiring the policyholder to pay only 10% or 20% of medical feesd. Insurance of Medical Care System for Senior Citizens aged 75 years or older, requiring payment of 30%e. other |
| Past experience of being hospitalized or institutionalized in a long-term care facility a. presence b. absence |
| Whether the participant has discussed with family members how they would like to spend their later life years a. has discussed b. has never discussed |
| Involvement in the public long-term care insurance system of Japan a. currently certified for long-term care in the system b. knows about certification but is not certified c. has heard about certification but lacks detailed knowledge d. has never heard of certification |
| Involvement in the community comprehensive support centerd a. has experience of using the support center b. knows about the support center but has not used it c. has heard about the support center but lacks detailed knowledge d. has never heard of the support center |
| Where the participant would like to die a. home b. long-term care facility c. hospital d. other |

a The levels of support and care in the public long-term care insurance system of Japan is certified according to following criteria:

Support level 1: Slight unsteadiness in walking, standing, or maintaining a standing position is observed, although basic physical abilities are intact. Needing minor assistance several times a week with instrumental activities of daily living (IADLs) such as bathing, dressing, or taking medicines. Slight impairment of short-term memory without any problematic behavior.

Support level 2: Needs further assistance owing to slightly more deterioration in the ability to perform IADLs than in Support level 1. Slight impairment of short-term memory without any problematic behavior.

Care level 1: Unsteadiness in walking, standing, or maintaining a standing position is often observed. Needs some assistance every day with IADLs such as bathing, dressing, or taking medicines. Slight impairment of short-term memory without any problematic behavior.

Care level 2: Unable to stand up or walk alone. Needs some assistance every day with eating, dressing, or bathing. Needs more indirect assistance with bathing or toileting than in Care level 1. Partial decline in comprehension with memory impairment or lack of interest.

Care level 3: Unstable to maintain a sitting position. Needs some assistance twice a day with eating, dressing, and bathing. More frequent situations requiring full assistance with bathing and toileting than in Care level 2. Decline of comprehension in general matters, with violence, verbal abuse, or resistance to care.

Care level 4: Impossible to remain standing or to roll over alone. Needs some assistance three or four times a day with eating, dressing, and bathing. Feels no urge to urinate or defecate. More frequent situations requiring partial assistance with eating or full assistance with bathing. Significant decline in intellectual ability. Impossible to communicate, with verbal abuse, resistance to care, or occasional episodes of loitering.

Care level 5: Impossible to maintain sitting or to roll over alone. Bedridden. Needs assistance five or more times a day with eating, dressing, and bathing. Increasing need for assistance with eating owing to dysphagia. Impossible to communicate, with verbal abuse, resistance to care, or more frequent episodes of loitering than in Care level 4.

b The public long-term care insurance system in Japan is a national official system covering all citizens aged 65 years or older who need long-term nursing care for any cause and those aged 40–64 years needing care owing to chronic and debilitating aging-related diseases, as designated by the Government. In principle, all citizens aged 40 years or older living in Japan have a legal duty to pay an insurance premium into the system as a contribution to social welfare. The amount of the insurance premium for insured people is individually decided in stages, according to their income. The amount of the insurance benefit, which is up to 70%–90% of the total long-term care fee, is decided according to the level of necessary care previously certified by the local public insurance office.

c Type of public medical insurance could reflect family economic level. The insured persons in National Health Insurance have average income of 0.86 million yen/year, Employee’s Health Insurance 1.59–2.48 million yen/year, Medical Insurance System for adults aged 70 years or older 0.86 million yen/year. Among the insured person in Medical Insurance System for adults aged 70 years or older, the persons with taxable income ≥1.45 million yen /year are required to pay 30% of medical cost as window charge. The figures are referred to a statistic in 2019 on the web site of Japanese Ministry of hearlth, Labour and Welfare (<https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/iryouhoken/iryouhoken01/index.html>).

d Regional centers for comprehensive support service are local facilities that have a central role in each community in terms of supporting older people who require long-term care. More than 5000 such facilities are located throughout Japan. Each center is staffed by government-certified specialists in providing long-term care to older people, including care managers (managing the entire nursing care service and planning care-services for users, or liaising with the local government and service providers), social workers (providing users with advice or guidance in daily life, liaising with welfare and health care service providers), public health nurses (providing families of users with guidance or counseling; providing personnel in charge of certifying users’ need for support/long-term care with training, guidance, or advice; or providing nursing care service providers with guidance), or other personnel with expertise in nursing care, medical care, insurance, or the welfare system. This structure comprises an entire system with the aim to provide older people who require long-term care with various types of support and services.