Supplemental Material 1. The *Kaigo-Yobo* Checklist

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| --- | --- | --- |
| 1. Do you usually stay at home all day long? | | |
| 0. No | 1. Yes | |
| 2. How often do you usually go out? (Please include going out for work, including farm work, shopping, a walk, or a doctor’s visit, and do not include simply going out to the front/backyard or taking out the trash.) | | |
| 0. More than once per 2-3 days | 1. Less than once a week | |
| 3. Do you have any hobby? | | |
| 0. Yes | 1. No | |
| 4. Do you have neighbors who you can talk closely with? | | |
| 0. Yes | 1. No | |
| 5. Besides your neighbors, do you have close friends, families, or relatives who you visit? | | |
| 0. Yes | 1. No | |
| 6. Have you experienced a fall in the past year? | | |
| 0. No | 1. Yes | |
| 7. Can you walk for 1 km? | | |
| 0. Yes | 1. No | |
| 8. Can you see things clearly? (with glasses if necessary) | | |
| 0. Without difficulty | 1. With difficulty or cannot | |
| 9. Do you often slip or stumble at home? | | |
| 0. No | 1. Yes | |
| 10. Do you refrain from going out because of fear of falling? | | |
| 0. No | 1. Yes | |
| 11. Have you been hospitalized in the past year? | | |
| 0. No | 1. Yes | |
| 12. Do you have appetite these days? | | |
| 0. Yes | 1. No | |
| 13. Do you have any difficulty chewing? (even with a denture) | | |
| 0. No | 1. Yes | |
| 14. Have you lost 3 kg or more in the past 6 months? | | |
| 0. No | 1. Yes | |
| 15. Do you think you have lost muscle or fat in the past 6 months? | | |
| 0. No | 1. Yes | |
| Score /15 points | | |

Supplemental Material 2. The questionnaire used to assess perceived neighborhood walkability

※ Please read below and check (√) your opinion on the environment where you frequently take walks for exercise or as a leisure activity.

|  |  |
| --- | --- |
| Pedestrian-friendliness | |
| 1. Are there obstacles to walking? (Overgrown plants, pillars, signs, loading zones, parked vehicles, etc..) | Yes(0) No(1) |
| 2. Are there trees that provide shade for your walk? | Yes(1) No(0) |
| 3. Do the surroundings look nice along the path of your walk? (Trees, flowers, building exteriors, etc..) | Yes(1) No(0) |
| 4. Is the path clean, without trash or broken glass? | Yes(1) No(0) |
| 5. Is your neighborhood well-equipped with parks or facilities for working out? | Yes(1) No(0) |
|  | Score /5 points |
| Comfort | |
| 1. Is the path even and wide enough for a walker or wheelchair? | Yes(1) No(0) |
| 2. Does the path have spots to rest? | Yes(1) No(0) |
| 3. Does the path have water fountains or bathrooms? | Yes(1) No(0) |
| 4. Does the path have a place to take shelter from rain or intense sunlight? | Yes(1) No(0) |
| 5. Does the path have pleasant air, without car fumes or foul odors? | Yes(1) No(0) |
|  | Score /5 points |
| Safety | |
| 1. Are the streets well-lighted for nighttime walks? | Yes(1) No(0) |
| 2. Is the neighborhood safe to walk at night? | Yes(1) No(0) |
| 3. Are green lights long enough to safely cross the road? | Yes(1) No(0) |
| 4. Are the sidewalks separated from the road used by vehicles? | Yes(1) No(0) |
| 5. Are drivers considerate of pedestrians? (Yield to pedestrians, reduce speed, no honking, etc..) | Yes(1) No(0) |
|  | Score /5 points |
| Convenience | |
| 1. Are the streets in your neighborhood convenient, with well-organized signs? (Information on destination, distance, etc..) | Yes(1) No(0) |
| 2. Can you walk to a bus stop? | Yes(1) No(0) |
| 3. Do you have a store where you can buy necessities within walking distance? | Yes(1) No(0) |
| 4. Do sidewalks connect to your frequently-visited destinations? | Yes(1) No(0) |
| 5. Do you have good walkable places (paths, trails, riverside walks, parks, sports fields) nearby, where you can easily access them? | Yes(1) No(0) |
|  | Score /5 points |
|  | Total /20 points |

Supplemental Material 3. The questionnaire used to assess perceived neighborhood environmental pollution

※ Please read below and check (√) your opinion on the environment where you frequently take walks for exercise or as a leisure activity.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | | Not severe | | Slightly severe | | Normal | | Severe | | Very severe |
| 1. Air pollution due to car emissions | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 2. Air pollution due to fine dust | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 3. Foul odors (sewage, trash, pesticides, fertilizers, factory waste, etc..) | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 4. Water pollution (streams, etc.) | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 5. Noise pollution | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 6. Excessively strong sunlight | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
| 7. Excessively warm or cold weather | | | | | 0 | | 1 | | 2 | | 3 | | 4 | |
|  | | | | | Total /28 points | | | | | | | | | |