

Attrition Analysis

Of those who did not participate at T2, 24 refused, 15 could not participate due to physical or cognitive decline, and seven were unable to participate due to other reasons (hospitalization or relocation to another part of the country). Of those who did not continue from T2 to T3, two refused, seven were unable to participate due to health reasons, and five were unable to participate due to other reasons. Attrition analysis compared T1 measurements in individuals who participated in T1 only ($n=46$) and those who participated in more than one time point ($n=178$). There were no significant differences in any of the study variables: age ($t[221]=0.66$, $p=.50$), gender ($\chi^2[1]=0.32$, $p=.56$), years of education ($t[215]=-1.38$, $p=.17$), marital status ($\chi^2[4]=0.58$, $p=.96$), SA ($t[217]=0.64$, $p=.52$), grip strength ($t[209]=0.80$, $p=.42$), functional limitations ($t[220]=0.71$, $p=.47$), activities of daily living (ADL, $t[222]=0.94$, $p=.34$), and instrumental activities of daily living (IADL, $t[222]=1.76$, $p=.08$). There was, however, a significant group difference in SNtD ($t[215]=-2.04$, $p=.04$), so that those who participated in more than one time point felt closer to death ($M=2.26$, $SD=1.30$) than those who participated in T1 only ($M=1.89$, $SD=1.02$). Nevertheless, the difference reflected a relatively small effect (Cohen's $d=0.31$).

When comparing those individuals who participated only at T1 ($n=46$) and those who participated in all three waves ($n=164$) there were no significant differences in any of the variables: age ($t[206]=0.84$, $p=.40$), gender ($\chi^2[1]=0.11$, $p=.73$), years of education ($t[201]=-1.56$, $p=.12$), marital status ($\chi^2[4]=0.53$, $p=.97$), SA ($t[202]=0.55$, $p=.58$), grip strength ($t[195]=0.60$, $p=.54$), functional limitations ($t[205]=0.74$, $p=.45$), ADL ($t[207]=0.74$, $p=.46$), and IADL ($t[207]=1.83$, $p=.07$). The only significant group difference emerged in SNtD ($t[200]=-2.04$,

$p=.04$), so that individuals who participated in all three waves felt closer to death (Cohen's $d=0.32$).

Supplementary Analyses

As Westerhof and Wurm's (2015) model also allowed feedback from health to SA, we assessed whether T1 functional status markers predicted T3 subjective age via T2 depressive symptoms (controlling for background characteristics and T1 SA). T1 grip strength did not predict T3 SA, although T2 depressive symptoms did. The model explained 49.0% of the variance in T3 SA, and the indirect effect was non-significant ($B=-.004$, 95% CI $[-.01, .002]$). Moving to T1 functional limitations, it did not predict T3 SA, but it had a significant indirect effect on T3 SA via T2 depressive symptoms ($B=.10$, 95% CI $[.04, .18]$). The model explained 51.5% of the variance in T3 SA. Similarly, T1 ADL did not predict T3 SA, but it had a significant indirect effect on T3 SA via T2 depressive symptoms ($B=.05$, 95% CI $[.02, .10]$). The model explained 51.7% of the variance in T3 SA. Finally, both T1 IADL and T2 depressive symptoms predicted T3 SA, and the indirect effect via T2 depressive symptoms was also significant ($B=.03$, 95% CI $[.003, .07]$). The final model explained 52.8% of the variance in T3 SA.