**Methods**

**Subjective Cognition Assessment**

**Self—**Twenty-two items derived from three questionnaires were used to assess self-perceived cognitive functioning: 17 items from the CERAD clinical history questionnaire (Morris et al., 1989), a yes/no/don’t know rating scale of current functioning in several cognitive domains; four items from the EAS Health Self-Assessment (HSA; Derby et al., 2013) that inquired about current memory problems and changes in memory compared to 1 to 10 years prior to the baseline assessment (ordinal data 3 to 4 response options); and the dichotomous memory item from the short form of the Geriatric Depression Scale (GDS): “Do you feel you have more problems with your memory than most?” (Sheikh & Yesavage, 1986).

**Informant—**Informant perceptions of participants’ cognition were collected from 17 corresponding items from the CERAD (informant form), a yes/no/don’t know rating scale of participants’ current cognitive functioning.

**Group Diagnostic Classification**

**Cognitively Unimpaired (CU)**—To obtain the cognitively unimpaired normative sample, participants were classified as CU if they had: (1) no incident dementia at their second visit; and (2) cognitive functioning within normal limits as defined by having two out of three of the following at baseline: (i) a global score of 0 (“normal cognition”) on the CDR® Dementia Staging Instrument (CDR®, Morris, 1997), (ii) a score of 3 or lower on the Blessed Information–Memory–Concentration Test (BIMC; Blessed, Tomlinson, & Roth, 1968), or (iii) a score of 5 or greater on the Memory Impairment Screen (MIS; Buschke et al., 1999). The CU normative sample (N = 790) had a mean age of 78.1 ± 5.2 years, 14.4 ± 3.2 years of education and was 60.0% female, 25.0% non-Hispanic Black, and demographically similar to the overall sample.

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