Older Europeans' health perception and their adaptive behaviour during the COVID-19 pandemic

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ABSTRACT

Background: Despite their high vulnerability during the COVID-19 pandemic, a significant proportion of older adults does not follow recommended guidelines concerning preventive actions. This paper analyses the role of biased health beliefs for adaptive health behaviour such as reduced mobility, protection in public spaces, and hygiene measures for the population aged 50 and older in 13 European countries.

Methods: Health perception is measured based on the difference between self-reported health and physical performance tests for over 24,000 individuals included in the most recent Survey of Health, Ageing and Retirement in Europe. Logistic regressions are employed to explore how over- and underestimating health are related to preventive behaviours such as reduced mobility, protection in public spaces, and hygiene measures.

Results: Results suggest that older adults who underestimate their health are more likely to show adaptive behaviour related to mobility reductions, while overestimating health is not significantly associated with reduced mobility. In particular, they are more likely to stay at home, shop less, and go for walks less often. Furthermore, protective behaviour in public spaces and hygiene measures do not vary systematically between health perception groups.

Conclusion: In summary, health beliefs appear relevant for the adoption of preventive health behaviours related to mobility, thus having serious consequences for the health and well-being of older Europeans. While adaptive behaviour helps to contain the virus, exaggerated reduction in mobility of those who underestimate their health might contribute to the already high social isolation and loneliness of older adults during the ongoing pandemic.

1 INTRODUCTION

Older adults are disproportionately affected by the COVID-19 pandemic as both hospitalisations and mortality rates are significantly higher among them (1–4). To prevent further spread and to combat the related health, economic, and social crises, governments across the world recommended mitigation behaviours such as social distancing, wearing a mask, and washing hands frequently.

However, recent evidence from surveys shows that despite their higher vulnerability, a significant proportion of the older adults does not follow recommended guidelines. The Centers for Disease Control and Prevention of the US report that around April 2020, 16% of adults over the age of 60 did not wear a face mask, 25% did not cancel or postpone social activities, and about 14% did not avoid crowded or public places (5). Haischer et al. (2020) observed shoppers in retail stores in the US and found that only 57% of older adults wore masks. Similar reports emerged during prior pandemic outbreaks such as the Swine Flu, where 32% of older adults in England, Scotland and Wales reported not following recommended strategies (7).

In addition to age, recent evidence on who deviates from protective guidelines during COVID-19 has also explored the role of individual demographic characteristics such as gender, socioeconomic factors like education and income, and psychological differences such as anxiety and optimism (8). We extend this nascent but highly topical literature by investigating the role of biased health perception in explaining the (non)uptake of preventive actions among Europeans aged at least 50 years. Biased health perception, i.e., over- or underestimating own health, was shown to increase substantially with age (9) and is relevant for the adoption of risky health behaviours, thus having serious consequences for health and well-being (10,11). Besides, incorrect beliefs about own health can affect the perception of susceptibility and severity of contracting a disease – important elements of preventive action according to the Health Belief Model (12). We hypothesise that relative to those that have accurate perception, individuals underestimating their health show more adaptive behaviour and individuals overestimating their health show less adaptive behaviour. The relationship might operate through increased (decreased) perception of susceptibility and severity for individuals who underestimate (overestimate).

2 METHODS

2.1 Data and sample

Our analyses are based on the Survey of Health, Ageing and Retirement in Europe (SHARE) COVID-19 survey, which targets Europeans aged 50 and older (13,14). The survey was conducted between May and August 2020 and provides rich information on health and health behaviour during the pandemic (98.3% of all interviews were conducted in June and July 2020). It constitutes the 8th survey wave of the SHARE panel and can be matched with the previous seven waves, which cover more general information on health, socio-economic status, and physical performance tests. We match information on health behaviour from the COVID-19 survey with data on health and health beliefs from wave 5 in 2013 (15,16). Thus far, the SHARE COVID-19 survey was conducted only once, therefore enabling cross-sectional analyses only.

SHARE data is ex-ante harmonised, allowing us to analyse 13 European countries that participated in both the COVID-19 survey and wave 5, namely Belgium, Czechia, Denmark, Estonia, France, Germany, Italy, Luxembourg, Slovenia, Spain, Sweden, Switzerland, and the Netherlands. We exclude observations based on proxy respondents, which results in 24,507 Europeans aged at least 50 years in 2013 who participated in both waves 5 and 8. The survey was reviewed and approved by the Ethics Committee of the University of Mannheim and the Ethics Council of the Max Planck Society (17).

2.1.2 Outcome variables: adaptive behaviour

We differentiate between three types of COVID-19 related adaptive behaviours, namely behaviours related to reduced mobility, protection in public spaces, and hygiene measures. Reduced mobility includes staying at home, less shopping, less going for walks, less meetings with more than five people from outside the household, and less visits of other family members. Protection in public spaces refers to adaptive behaviour that was often mandated or recommended by law; in particular, wearing masks at public spaces and keeping distance when outside the home. Hygiene measures include washing, sanitising, or disinfecting hands (for cross-tabulations with health perception, see Table 2, for a detailed sequence of survey questions, see Table A.1 in the Online Supplementary Material, and for summary statistics Table A.2 in the Online Supplementary Material). All outcome variables are binary and coded so that 1 represents adaptive behaviour. Since originally, some adaptive behaviour variables had ordered outcomes and were dichotomised (see Table A.1 in the Online Supplementary Material for details), we conduct robustness analyses considering the original outcomes (Tables A.5 and A.6 in the Online Supplementary Material).

2.1.3 Explanatory variable: health perception

Health perception is operationalised using a well-established measure that considers the difference between subjective and objective health (9,11,18). More specifically, we compare survey respondents' self-reported and tested ability to stand up from a chair. Individuals who report being able to stand up from a chair but are unable to do so during a chair stand test are classified to overestimate their health, whereas those who report being unable to stand up from the chair but can do so during the performance test are considered underestimating their health (Table 1). This health perception measure is explained and evaluated in detail in Spitzer & Weber (2019) and Spitzer & Shaikh (2020).

Table 1: Overview of health perception categories and number of observations per category

	Objectively			
Subjectively	Able		Unable	
Able	Positive concordance	18,746 (87.2%)	Overestimating	1,416 (47.1%)
Unable	Underestimating	2,756 (12.8%)	Negative concordance	1,589 (52.9%)
Total		**21,502 (100%)**		**3,005 (100%)**

Note: No weights applied

2.2 Estimation strategy

Considering the binary nature of the outcome variables, the association between individual health perception and adaptive behaviour is estimated based on the following logistic regression model

$$P(y_i = \text{Adaptation}_i \mid X_i) = \alpha + \beta\text{HEALTH PERCEPTION}_i + \gamma X_i + \delta_c + \mu_w + \varepsilon_{icw}$$

where y_i indicates whether individual i shows adaptive behaviour according to the respective outcome and $HEALTH\ PERCEPTION_i$ indicates its health belief. The vector of control variables X_i includes age, age squared, gender, and educational attainment. Additionally, we control for health status using variables that indicate if the individual has any chronic diseases, limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), whether the individual is frail according to a frailty index (19,20), and cognitive ability. Since the severity of the pandemic as well as mandatory rules vary between countries and over time, we also include control dummies for the country of residence (δ_c) and survey interview week (μ_w) and interact them in robustness analyses (Tables A.13 and A.14). This article, however, does not focus on country differences in the results. Standard errors are clustered at the household level.

The dependent variables are taken from the COVID-19 survey, i.e. wave 8, and all explanatory variables are taken from wave 5 when the performance test was conducted, except the interview week, which refers to the COVID-19 survey as well. (18) showed that health perception is rather stable across waves, enabling the usage of two different survey waves for the analysis.

To consider substantial differences in health that might affect health behaviour, we further split our sample based on the tested ability to stand up from a chair. Hence, individuals who underestimate their health are always compared to those with positive concordance (i.e. able to stand up from the chair according to self-reports and performance test), and individuals who overestimate their health are always compared to those with negative concordance (i.e. unable to stand up from a chair according to self-reports and test).

We provide a range of robustness analyses in the Online Supplementary Material, considering different specifications of health perception (Tables A.7 and A.8), different estimation methods (Tables A.5 and A.6), interactions (Tables A.13 and A.14), and additional control variables. More specifically, we also consider whether respondents are retired, living in a partnership, whether they or anyone close to them was tested positive for the COVID-19 virus, and the lowest equivalised monthly household income during the pandemic (Tables A.9 to A.12).

3 RESULTS

Column 1 in Table 2 provides descriptive statistics, which suggest that most older adults engage in preventive actions, especially concerning protection in public spaces and hygiene measures. The most common preventive behaviours are keeping distance (96.1%) and less meetings (91.1%), while only a small proportion of individuals stayed home during the pandemic (12.1%). Adaptive behaviour varies, however, across health perception groups (Columns 2-5). Most importantly, individuals who underestimate their health reduced their mobility more and were more likely to wear masks than their comparison groups, i.e. positive concordance. The pattern is less clear for other types of protection in public spaces and hygiene measures as well as among those overestimating their health.

Table 2: Cross-tabulations of health perception and COVID-19-related adaptive behaviour

	(1)	(2)	(3)	(4)	(5)
	Total	**Positive concor-dance**	**Under-estimating**	**Negative concor-dance**	**Over-estimating**
	(%)	(%)	(%)	(%)	(%)
Reduced mobility					
Staying home	12.1	9.9	14.3	31.8	21.8
Less shopping	69.2	67.4	70.6	83.8	79.4
Less walks	52.2	49.3	54.8	72.5	71.1
Less meetings	91.1	90.5	92.2	93.5	94.3
Less visit	84.0	83.3	84.1	88.1	89.8
Protection in public space					
Wearing masks	79.3	78.7	80.9	82.5	84.0
Keeping distance	96.1	96.3	95.6	94.1	96.4
Hygiene measures					
Washing hands	87.2	88.2	84.8	76.9	86.4
Sanitising hands	80.6	81.3	77.6	73.2	83.2

Note: Calibrated cross-sectional individual weights are applied; in Column 1, 100% refers to the total number of observations; in Columns 2-5, 100% refers to the number of observations in the respective health perception category; variables “less shopping”, “less walks”, “less meetings” and “less visits” are only asked to those who did not stay at home and thus for these variables the category “adaptation” includes the share of individuals who did not leave the house (for more details see Table A.1 in the Online Supplementary Material)

Figure 1 shows the logistic regression results, which confirm the descriptive findings for mobility reductions. Relative to older adults that accurately assess their health, those that underestimate are significantly more likely to stay at home, more likely to reduce shopping, and more likely to reduce going for walks. No significant association between underestimation and protection in public spaces or hygiene measures is found. Contrary to our hypothesis, those who overestimate their health are significantly more likely to keep distance when outside their home. We do not, however, find a statistically significant relationship between overestimation of health and any of the other preventive behaviours.

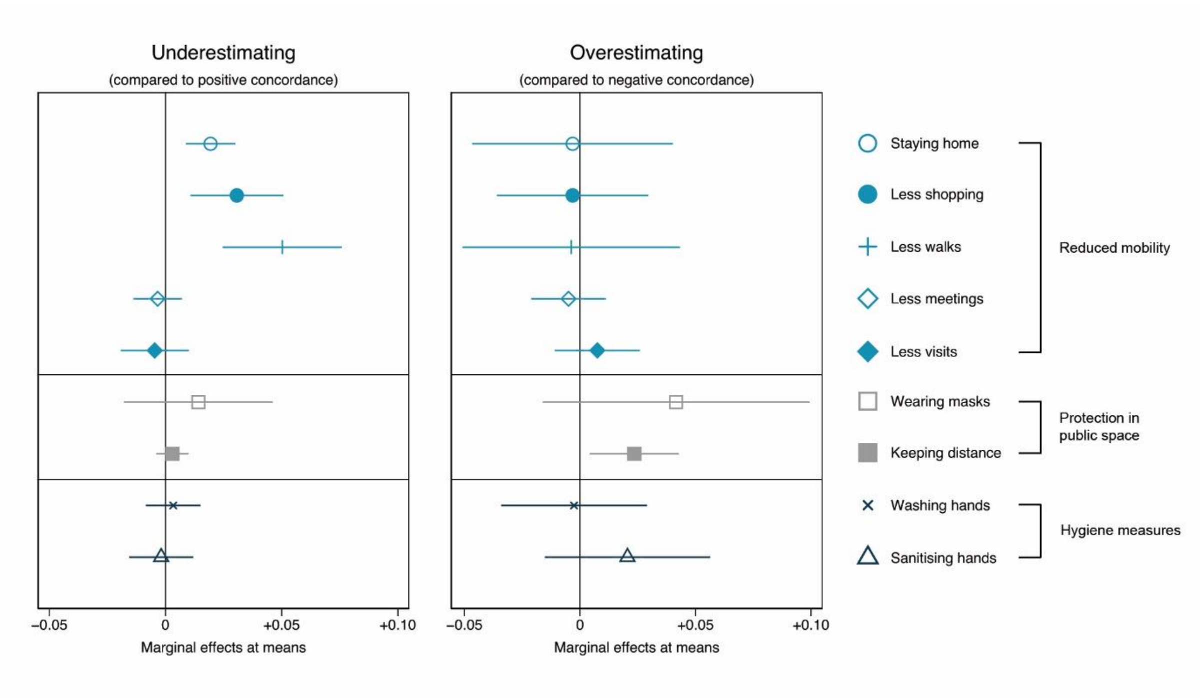

Figure 1: Marginal effects (at means) of health perception on Covid-19 related adaptive behaviour (the underlying estimation results including coefficients are provided in Tables A.3 and A.4 of the Online Supplementary Material)

Note that underlying health status does not confound these findings since we control for physical and cognitive health in multiple ways. Additionally, we also control for differences in adaptive pandemic behaviour by age, gender, and education. Tables A.3 and A.4 of the Supplementary Material show the full set of coefficients. In addition to our main results, we find that women engage significantly more in adaptive behaviours than men. Also, preventive health behaviour increases with higher age for most measures, and higher educated older adults are more likely to adopt protection in public spaces and hygiene measures but are less likely to reduce their mobility compared to the less educated.

Our results are robust to a range of robustness analyses, considering different specifications of health perception, different estimation methods, additional control variables, and interactions. First, since originally, some adaptive behaviour variables had ordered outcomes and were dichotomised (Table A.1 of the Supplementary Material), we conduct robustness analyses considering the original outcomes and run ordered logit regressions instead of logistic regressions (Tables A.5 and A.6 of the Supplementary Material). Second, for the original health perception variable, individuals who had to use their arm to stand up from the chair during the performance test were considered unable (see 9 and 18 for details on the health perception measure). For the robustness analyses in Tables A.7 and A.8 of the Supplementary Material, these individuals are considered able to stand up from a chair. Third, we also consider whether respondents are retired, living in a partnership, and whether they or anyone close to them was tested positive for the COVID-19 virus via additional control variables (Tables A.9 and A.10 of the Supplementary Material). We also control for the lowest equivalised monthly household income during the pandemic but do so in a separate regression since this variable is missing for over 23% of the survey respondents (Tables A.11 and A.12 of the Supplementary Material). Finally, we interact the country and survey week dummies to further account for variations between countries and over time in the severity of the pandemic as well as mandatory rules (Tables A.13 and A.14 of the Supplementary Material).

4 DISCUSSION

Although older adults are more vulnerable during the COVID-19 pandemic (2–4,21) and perceive the virus' risk to be higher than younger adults (22), studies frequently show that they fail to engage in protective health behaviour (6–8). One explanation might be the increase in health misperception with age (9), leading to deviations from recommended guidelines. In this paper, we hypothesised that individuals underestimating their health engage more in preventive action, while individuals overestimating their health engage less.

Our results show that older adults who underestimate their health are indeed more likely to exercise adaptive behaviour, at least concerning mobility reductions. More specifically, they are more likely to stay at home, shop less, and go for walks less often. The relationship might operate through increased perception of disease susceptibility and severity of (12). While these preventive actions may protect individuals and help to contain the virus, exaggerated reduction in mobility of those who underestimate their health might contribute to the already high social isolation and loneliness of older adults during the ongoing pandemic (23–25).

Contrary to our hypothesis, adaptive behaviour related to protection in public spaces and hygiene measures are not significantly associated with underestimating health. One possible explanation is that protection in public spaces was often mandatory and thus exercised regardless of health perception. Overall, we find that differences in health perception matter less for preventive behaviours that are widely adopted, such as hygiene measures (Table 2). This suggests that health perception is less important in explaining the (non)uptake of preventive actions that are mandated by law or social norms. In addition, survey questions on hygiene measures asked whether respondents washed, sanitised, or disinfected their hands more frequently than usual, i.e. if they increased hygienic behaviour (Table A.1 in the Online Supplementary Material). If individuals who underestimate their health had already adopted such hygiene measures before the pandemic, their higher baseline level could explain why we find no effect of underestimating health on hygiene measures during the pandemic.

Overestimating health appears not to be significantly associated with preventive behaviour. The only exception is that those who overestimate their health appear more likely to keep distance when outside, which is contrary to our hypothesis. Speculatively, those who overestimate their health might also be overconfident in other domains, i.e. their preventive behaviour, or even overestimate distances themselves, which could explain this curious finding.

In addition to our main results, we find that women in good health are more likely to engage in protective behaviours than men. This is in line with recent studies showing greater COVID-19-realted risk awareness among women (22,26), who in turn may be more likely to implement protective behaviour (27).

One potential limitation of this study is that data on health perception is taken from 2013, because the SHARE COVID-19 study did not cover performance tests needed for the health perception measure. Previous work has shown, however, that individual health perception is generally stable over time (18). Furthermore, this analysis does not elicit causal effects of health perception on adaptive behaviour, which could be desirable for future work.

In conclusion, our study showed that health perception is relevant for the adoption of preventive health behaviour among older Europeans, especially concerning mobility reductions. Future work could fruitfully explore a potential link between underestimating health, mobility reduction, and increases in social isolation and loneliness.

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Appendix: main results

Table A.1 Sequence of survey questions for outcome variables

	Survey question	Possible outcomes	Routing	Transformation
1	Since the outbreak of Corona, have you ever left your home?	• Yes • No	Asked to entire sample	• Adaptation: no • No adaptation: yes
2	Since the outbreak of Corona, how often have you done the following activities, as compared to before the outbreak? • Going shopping? • Going out for a walk? • Meeting with more than five people from outside your household? • Visiting other family members?	• Not anymore • Less often • About the same • More often	Asked if question 1 is answered with "yes"	• Adaptation: not anymore, less often, if question 1 is answered with "no" • No adaptation: about the same, more often
3	How often did you wear a face mask when you went outside your home to a public space?	• Always • Often • Sometimes • Never	Asked if question 1 is answered with "yes"	• Adaptation: always, often • No adaptation: sometimes, never
4	How often did you keep distance to others when you went outside your home?	• Always • Often • Sometimes • Never	Asked if question 1 is answered with "yes"	• Adaptation: always, often • No adaptation: sometimes, never
5	Did you wash your hands more frequently than usual?	• Yes • No	Asked to entire sample	• Adaptation: yes • No adaptation: no
6	Did you use special hand sanitizer or disinfection fluids more frequently than usual?	• Yes • No	Asked to entire sample	• Adaptation: yes • No adaptation: no

Table A.2: Summary statistics

	N	Mean	SD	Min.	Max.
Adaptive behaviour					
Reduced mobility					
Staying home (1 = yes)	24,399	0.121	0.326	0	1
Less shopping (1 = yes)	24,164	0.692	0.462	0	1
Less walks (1 = yes)	24,060	0.522	0.500	0	1
Less meetings (1 = yes)	23,909	0.911	0.285	0	1
Less visit (1 = yes)	23,944	0.840	0.367	0	1
Protection in public spaces					
Wearing masks (1 = yes)	20,686	0.793	0.405	0	1
Keeping distance (1 = yes)	20,654	0.961	0.193	0	1
Hygiene measures					
Washing hands (1 = yes)	24,364	0.872	0.334	0	1
Sanitising hands (1 = yes)	24,373	0.806	0.395	0	1
Health perception					
Positive concordance (1 = yes)	24,507	0.796	0.403	0	1
Underestimating (1 = yes)	24,507	0.097	0.296	0	1
Negative concordance (1 = yes)	24,507	0.047	0.212	0	1
Overestimating (1 = yes)	24,507	0.060	0.238	0	1
Mobility					
Objectively mobile (1 = yes)	24,507	0.893	0.310	0	1
Subjectively mobile (1 = yes)	24,507	0.856	0.351	0	1
Control variables					
Age (in number of years)	24,507	61.896	9.726	50	94
Gender (1 = female)	24,507	0.526	0.499	0	1
Low education	24,162	0.363	0.481	0	1
Medium education	24,162	0.393	0.488	0	1
High education	24,162	0.244	0.430	0	1
Chronic disease dummy (1 = yes)	24,499	0.674	0.469	0	1
ADL dummy (1 = yes)	24,505	0.071	0.258	0	1
IADL dummy (1 = yes)	24,505	0.096	0.295	0	1
Frailty (1 = frail)	23,212	0.075	0.263	0	1
Cognitive ability (4 = high)	24,482	3.749	0.587	0	4
Retired (1 = yes)	24,446	0.400	0.490	0	1
Living with partner (1 = yes)	24,276	0.676	0.468	0	1
Anyone tested positive (1 = yes)	24,197	0.108	0.310	0	1
Lowest monthly household income	18,612	1,802	1,525	0	82,704

Note: Calibrated cross-sectional individual weights are applied to all columns except “N”

Table A.3: Main results for underestimating health

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Underestimating	0.255^{***}	0.167^{**}	0.202^{***}	-0.054	-0.044	0.070	0.106	0.040	-0.016
	(0.066)	(0.057)	(0.052)	(0.085)	(0.070)	(0.082)	(0.130)	(0.071)	(0.061)
Age	-0.023	-0.041	-0.113^{***}	0.208^{***}	0.136^{***}	0.116^{*}	0.241^{***}	0.189^{***}	0.083^{**}
	(0.039)	(0.030)	(0.030)	(0.044)	(0.036)	(0.046)	(0.058)	(0.035)	(0.032)
Age squared	0.001^{*}	0.001^{*}	0.001^{***}	-0.001^{***}	-0.001^{***}	-0.001^{*}	-0.002^{***}	-0.002^{***}	-0.001^{***}
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women	0.264^{***}	0.644^{***}	0.268^{***}	0.406^{***}	0.324^{***}	0.413^{***}	0.408^{***}	0.224^{***}	0.118^{**}
	(0.045)	(0.032)	(0.031)	(0.049)	(0.040)	(0.045)	(0.075)	(0.044)	(0.037)
Medium education (ref. = low)	-0.324^{***}	-0.041	-0.210^{***}	-0.036	-0.073	0.168^{*}	0.132	0.075	0.116^{*}
	(0.057)	(0.045)	(0.042)	(0.066)	(0.056)	(0.066)	(0.094)	(0.057)	(0.051)
High education (ref. = low)	-0.647^{***}	0.030	-0.428^{***}	0.185^{*}	0.015	0.368^{***}	0.465^{***}	0.327^{***}	0.192^{***}
	(0.073)	(0.049)	(0.047)	(0.076)	(0.062)	(0.071)	(0.113)	(0.067)	(0.058)
Chronic disease dummy	0.082	0.181^{***}	0.241^{***}	0.079	0.096^{*}	0.238^{***}	0.154	-0.031	0.067
	(0.055)	(0.037)	(0.037)	(0.055)	(0.046)	(0.053)	(0.086)	(0.052)	(0.046)
ADL dummy	-0.053	0.029	0.216^{**}	0.181	0.304^{**}	-0.071	-0.295	-0.023	0.011
	(0.104)	(0.087)	(0.081)	(0.136)	(0.118)	(0.119)	(0.179)	(0.101)	(0.090)
IADL dummy	0.291^{***}	0.144	0.250^{***}	0.021	0.054	-0.043	-0.143	-0.238^{**}	-0.049
	(0.082)	(0.074)	(0.069)	(0.112)	(0.093)	(0.099)	(0.158)	(0.083)	(0.077)
Frailty dummy	0.472^{***}	0.217^{*}	0.645^{***}	0.642^{***}	0.306^{*}	0.287^{*}	-0.211	-0.121	-0.303^{***}
	(0.085)	(0.097)	(0.089)	(0.173)	(0.128)	(0.135)	(0.184)	(0.101)	(0.087)
Cognition score = 1 (ref. = 0)	-0.129	0.252	-0.480	-0.127	-0.528	-0.010	-1.519^{*}	-0.401	-0.673
	(0.388)	(0.472)	(0.479)	(0.809)	(0.569)	(0.800)	(0.753)	(0.381)	(0.363)
Cognition score = 2 (ref. = 0)	-0.749^{**}	-0.170	-0.615^{*}	-0.430	-0.241	-0.194	-0.734	0.213	-0.130
	(0.270)	(0.283)	(0.310)	(0.427)	(0.382)	(0.461)	(0.581)	(0.270)	(0.267)

Cognition score = 3 (ref. = 0)	-0.925***	-0.192	-0.723**	-0.369	-0.339	0.115	-0.210	0.660**	0.122
	(0.225)	(0.246)	(0.272)	(0.363)	(0.331)	(0.402)	(0.524)	(0.225)	(0.229)
Cognition score = 4 (ref. = 0)	-1.033***	-0.205	-0.774**	-0.380	-0.417	0.209	-0.154	0.685**	0.225
	(0.220)	(0.244)	(0.270)	(0.358)	(0.327)	(0.397)	(0.516)	(0.220)	(0.225)
Constant	-3.721**	0.494	2.056*	-5.304***	-3.483**	-1.763	-4.107*	-4.554***	-0.956
	(1.332)	(1.011)	(1.000)	(1.451)	(1.192)	(1.549)	(2.001)	(1.169)	(1.080)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	20,510	20,331	20,242	20,104	20,141	17,901	17,880	20,488	20,496
Pseudo R2	0.184	0.092	0.210	0.080	0.060	0.524	0.047	0.035	0.068

Note: Logistic regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.4: Main results for overestimating health

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Overestimating	-0.018	-0.027	-0.019	-0.129	0.149	0.255	0.614*	-0.021	0.142
	(0.126)	(0.140)	(0.123)	(0.217)	(0.183)	(0.177)	(0.249)	(0.133)	(0.125)
Age	0.026	-0.077	-0.081	0.089	0.236*	0.061	0.379**	0.117	0.106
	(0.085)	(0.097)	(0.080)	(0.132)	(0.105)	(0.129)	(0.143)	(0.084)	(0.078)
Age squared	0.000	0.001	0.001	-0.000	-0.002*	-0.001	-0.003**	-0.001	-0.001*
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.479***	0.709***	0.424***	0.290	0.165	0.587***	0.552*	0.386**	0.200
	(0.120)	(0.122)	(0.109)	(0.193)	(0.164)	(0.164)	(0.221)	(0.123)	(0.116)
Medium education (ref. = low)	-0.382**	-0.127	0.065	-0.088	0.046	-0.172	0.440	-0.259	0.231
	(0.135)	(0.145)	(0.125)	(0.224)	(0.195)	(0.191)	(0.245)	(0.146)	(0.134)
High education (ref. = low)	-0.594**	0.055	-0.176	0.170	-0.215	0.090	0.246	-0.089	0.203
	(0.184)	(0.183)	(0.154)	(0.292)	(0.238)	(0.223)	(0.319)	(0.184)	(0.173)
Chronic disease dummy	-0.007	0.153	0.187	0.576*	0.002	0.315	0.079	0.129	0.147
	(0.164)	(0.168)	(0.150)	(0.230)	(0.236)	(0.213)	(0.295)	(0.175)	(0.164)
ADL dummy	0.331*	0.402*	0.288	0.470	-0.023	0.299	0.610*	-0.079	-0.163
	(0.140)	(0.187)	(0.158)	(0.304)	(0.239)	(0.231)	(0.308)	(0.143)	(0.140)
IADL dummy	0.328*	0.395*	0.318*	0.113	0.274	-0.174	-0.100	-0.306*	-0.100
	(0.134)	(0.175)	(0.144)	(0.276)	(0.244)	(0.206)	(0.268)	(0.145)	(0.140)
Frailty dummy	0.255*	0.290	0.502***	0.068	0.276	-0.081	-0.205	-0.294*	0.051
	(0.129)	(0.165)	(0.137)	(0.248)	(0.211)	(0.198)	(0.256)	(0.137)	(0.128)
Cognition score = 1 (ref. = 0)	-0.471	0.675	0.182	0.005	-0.662	-0.398	-0.880	-0.290	0.379
	(0.581)	(1.220)	(0.858)	(1.140)	(1.291)	(1.119)	(1.347)	(0.619)	(0.613)
Cognition score = 2 (ref. = 0)	-0.427	0.732	0.477	0.579	0.045	0.846	0.000	0.117	0.195
	(0.446)	(0.738)	(0.631)	(0.731)	(0.949)	(0.987)	(.)	(0.436)	(0.445)

Cognition score = 3 (ref. = 0)	-1.248**	0.056	-0.425	0.033	-0.556	0.474	0.463	0.375	0.142
	(0.385)	(0.578)	(0.506)	(0.248)	(0.770)	(0.811)	(0.743)	(0.374)	(0.384)
Cognition score = 4 (ref. = 0)	-1.465***	-0.255	-0.504	0.000	-0.443	0.592	0.986	0.634	0.388
	(0.373)	(0.558)	(0.495)	(.)	(0.757)	(0.790)	(0.709)	(0.359)	(0.372)
Constant	-4.995	1.555	0.583	-2.657	-6.809	0.105	-10.359*	-2.177	-1.905
	(2.952)	(3.198)	(2.700)	(4.321)	(3.561)	(4.327)	(4.932)	(2.903)	(2.675)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	2,260	2,219	2,224	2,118	2,192	1,580	1,464	2,250	2,255
Pseudo R2	0.240	0.155	0.218	0.103	0.123	0.444	0.128	0.061	0.069

Note: Logistic regressions based on the sample that was unable to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Appendix: robustness and heterogeneity analyses

Our results are robust to a range of robustness analyses, considering different specifications of health perception, different estimation methods, additional control variables, and interactions. First, since originally, some adaptive behaviour variables had ordered outcomes and were dichotomised (see Table A.1), we conduct robustness analyses considering the original outcomes and run ordered logit regressions instead of logistic regressions (Tables A.5 and A.6). Second, for the original health perception variable, individuals who had to use their arm to stand up from the chair during the performance test were considered unable (see Spitzer & Shaikh, 2020 or Spitzer & Weber, 2019 for details on the health perception measure). For the robustness analyses in Tables A.7 and A.8, these individuals are considered able to stand up from a chair. Third, we also consider whether respondents are retired, living in a partnership, and whether they or anyone close to them was tested positive for the COVID-19 virus via additional control variables (Tables A.9 and A.10). We also control for the lowest equivalised monthly household income during the pandemic but do so in a separate regression since this variable is missing for over 23% of the survey respondents (Tables A.11 and A.12). Finally, we interact the country and survey week dummies to further account for variations between countries and over time in the severity of the pandemic as well as mandatory rules (Tables A.13 and A.14).

Table A.5: Robustness analysis for underestimating health: ordered logit estimations

	(1) Less shopping	(2) Less walks	(3) Less meetings	(4) Less visits	(5) Wearing masks	(6) Keeping distance
Underestimating	0.174***	0.241***	0.026	0.086	0.068	0.001
	(0.045)	(0.046)	(0.051)	(0.048)	(0.063)	(0.066)
Age	-0.177***	-0.134***	0.087**	0.059*	0.116***	0.155***
	(0.025)	(0.024)	(0.027)	(0.026)	(0.034)	(0.034)
Age squared	0.002***	0.001***	-0.000	-0.000	-0.001***	-0.001***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women	0.483***	0.120***	0.305***	0.274***	0.429***	0.388***
	(0.027)	(0.025)	(0.028)	(0.026)	(0.034)	(0.037)
Medium education (ref. = low)	-0.162***	-0.215***	-0.120**	-0.134***	0.119*	0.055
	(0.037)	(0.036)	(0.041)	(0.039)	(0.050)	(0.051)
High education (ref. = low)	-0.145***	-0.534***	-0.179***	-0.193***	0.270***	0.076
	(0.040)	(0.040)	(0.044)	(0.041)	(0.054)	(0.055)
Chronic disease dummy	0.153***	0.187***	0.051	0.073*	0.202***	0.046
	(0.030)	(0.030)	(0.033)	(0.031)	(0.040)	(0.043)
ADL dummy	0.063	0.157*	0.082	0.111	-0.053	-0.141
	(0.073)	(0.072)	(0.079)	(0.074)	(0.099)	(0.098)
IADL dummy	0.308***	0.300***	0.003	0.117	0.043	-0.048
	(0.062)	(0.061)	(0.065)	(0.063)	(0.078)	(0.085)
Frailty dummy	0.435***	0.642***	0.591***	0.316***	0.301**	0.065
	(0.074)	(0.072)	(0.089)	(0.076)	(0.112)	(0.109)
Cognition score = 1 (ref. = 0)	0.421	-0.244	-0.046	0.062	0.197	-0.296
	(0.388)	(0.400)	(0.428)	(0.423)	(0.596)	(0.570)

Cognition score = 2 (ref. = 0)	-0.361	-0.629*	-0.382	-0.459	-0.024	-0.364
	(0.262)	(0.245)	(0.271)	(0.239)	(0.378)	(0.294)
Cognition score = 3 (ref. = 0)	-0.566*	-0.689**	-0.356	-0.505*	0.123	0.112
	(0.234)	(0.219)	(0.242)	(0.212)	(0.337)	(0.257)
Cognition score = 4 (ref. = 0)	-0.620**	-0.741***	-0.396	-0.523*	0.219	0.192
	(0.232)	(0.217)	(0.239)	(0.210)	(0.335)	(0.252)
cut1	-8.253***	-5.351***	-1.651	-1.418	0.873	1.032
	(0.837)	(0.820)	(0.914)	(0.847)	(1.162)	(1.133)
cut2	-4.666***	-2.902***	1.433	1.252	2.201	2.386*
	(0.836)	(0.820)	(0.910)	(0.846)	(1.162)	(1.129)
cut3	-2.072*	-1.571	3.420***	3.255***	3.062**	4.152***
	(0.834)	(0.819)	(0.910)	(0.846)	(1.162)	(1.126)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes
N	20,333	20,243	20,106	20,143	17,903	17,882
Pseudo R2	0.089	0.119	0.081	0.073	0.362	0.024

Note: Ordered logit regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.6: Robustness analysis for overestimating health: ordered logit estimations

	(1) Less shopping	(2) Less walks	(3) Less meetings	(4) Less visits	(5) Wearing masks	(6) Keeping distance
Overestimating	-0.047	-0.026	0.048	0.014	0.150	0.279
	(0.102)	(0.100)	(0.124)	(0.113)	(0.145)	(0.156)
Age	-0.117	-0.091	0.012	0.065	0.013	0.234*
	(0.066)	(0.062)	(0.077)	(0.071)	(0.098)	(0.095)
Age squared	0.001**	0.001*	0.000	-0.000	-0.000	-0.002*
	(0.000)	(0.000)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.486***	0.375***	0.328**	0.189	0.463***	0.288*
	(0.094)	(0.087)	(0.109)	(0.098)	(0.129)	(0.136)
Medium education (ref. = low)	-0.258*	-0.025	0.020	-0.064	-0.120	0.166
	(0.109)	(0.107)	(0.133)	(0.121)	(0.162)	(0.166)
High education (ref. = low)	-0.313*	-0.292*	-0.172	-0.377**	0.053	-0.276
	(0.135)	(0.129)	(0.156)	(0.146)	(0.181)	(0.193)
Chronic disease dummy	0.018	0.008	0.180	-0.072	0.205	0.066
	(0.122)	(0.120)	(0.145)	(0.138)	(0.173)	(0.180)
ADL dummy	0.369**	0.239	0.268	0.249	0.205	0.389*
	(0.126)	(0.124)	(0.162)	(0.150)	(0.180)	(0.192)
IADL dummy	0.438***	0.267*	0.068	0.166	-0.292	-0.129
	(0.117)	(0.116)	(0.146)	(0.139)	(0.170)	(0.180)
Frailty dummy	0.333**	0.489***	0.436**	0.201	0.067	-0.213
	(0.111)	(0.108)	(0.139)	(0.126)	(0.159)	(0.166)
Cognition score = 1 (ref. = 0)	-0.433	-0.082	0.176	0.217	-0.311	0.544
	(0.618)	(0.673)	(1.005)	(0.723)	(0.758)	(1.300)
Cognition score = 2 (ref. = 0)	-0.332	0.177	0.554	0.140	0.207	0.050

	(0.515)	(0.479)	(0.708)	(0.483)	(0.768)	(0.713)
Cognition score = 3 (ref. = 0)	-0.879	-0.539	-0.683	-0.235	0.438	0.140
	(0.469)	(0.427)	(0.546)	(0.423)	(0.648)	(0.664)
Cognition score = 4 (ref. = 0)	-1.149*	-0.674	-0.928	-0.264	0.478	0.581
	(0.461)	(0.420)	(0.535)	(0.414)	(0.633)	(0.648)
cut1	-6.805**	-3.944	-3.989	-1.117	-2.525	4.886
	(2.229)	(2.091)	(2.603)	(2.406)	(3.329)	(3.247)
cut2	-3.185	-1.366	-0.964	1.726	-1.436	5.930
	(2.212)	(2.090)	(2.573)	(2.399)	(3.326)	(3.256)
cut3	-1.023	-0.152	0.756	3.474	-0.700	7.208*
	(2.209)	(2.088)	(2.570)	(2.396)	(3.321)	(3.250)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes
N	2,222	2,225	2,218	2,211	1,581	1,571
Pseudo R2	0.153	0.130	0.097	0.093	0.315	0.047

Note: Ordered logit regressions based on the sample that was unable to stand up during the chair stand test; * $p<0.05$, ** $p<0.01$, *** $p<0.0$

Table A.7: Robustness analysis for underestimating health: different specification of objective mobility

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Underestimating	0.240***	0.170**	0.208***	-0.055	-0.046	0.079	0.094	0.033	-0.015
	(0.066)	(0.057)	(0.052)	(0.084)	(0.069)	(0.082)	(0.129)	(0.071)	(0.061)
Age	-0.024	-0.045	-0.113***	0.204***	0.134***	0.115*	0.244***	0.194***	0.087**
	(0.038)	(0.030)	(0.029)	(0.044)	(0.035)	(0.046)	(0.058)	(0.034)	(0.032)
Age squared	0.001**	0.001*	0.001***	-0.001***	-0.001**	-0.001*	-0.002***	-0.002***	-0.001***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women	0.261***	0.649***	0.270***	0.410***	0.322***	0.417***	0.414***	0.232***	0.122**
	(0.045)	(0.032)	(0.031)	(0.049)	(0.040)	(0.045)	(0.075)	(0.044)	(0.037)
Medium education (ref. = low)	-0.332***	-0.040	-0.209***	-0.029	-0.074	0.163*	0.141	0.075	0.112*
	(0.057)	(0.045)	(0.042)	(0.066)	(0.056)	(0.066)	(0.094)	(0.056)	(0.051)
High education (ref. = low)	-0.654***	0.032	-0.426***	0.192*	0.017	0.364***	0.470***	0.329***	0.190***
	(0.073)	(0.049)	(0.047)	(0.076)	(0.062)	(0.071)	(0.113)	(0.067)	(0.058)
Chronic disease dummy	0.083	0.184***	0.245***	0.082	0.097*	0.237***	0.155	-0.031	0.066
	(0.055)	(0.037)	(0.037)	(0.055)	(0.046)	(0.053)	(0.085)	(0.052)	(0.046)
ADL dummy	-0.053	0.023	0.206*	0.169	0.293*	-0.075	-0.273	-0.010	0.004
	(0.104)	(0.086)	(0.081)	(0.134)	(0.117)	(0.119)	(0.179)	(0.101)	(0.089)
IADL dummy	0.276***	0.149*	0.255***	0.012	0.062	-0.039	-0.146	-0.256**	-0.047
	(0.082)	(0.074)	(0.068)	(0.111)	(0.092)	(0.098)	(0.158)	(0.083)	(0.076)
Frailty dummy	0.468***	0.227*	0.638***	0.643***	0.308*	0.280*	-0.180	-0.117	-0.304***
	(0.084)	(0.096)	(0.088)	(0.171)	(0.127)	(0.134)	(0.184)	(0.099)	(0.086)
Cognition score = 1 (ref. = 0)	-0.209	0.245	-0.481	-0.125	-0.533	-0.002	-1.508*	-0.473	-0.652
	(0.386)	(0.471)	(0.478)	(0.809)	(0.567)	(0.795)	(0.751)	(0.375)	(0.360)
Cognition score = 2 (ref. = 0)	-0.767**	-0.146	-0.616*	-0.415	-0.261	-0.154	-0.713	0.237	-0.120

	(0.261)	(0.282)	(0.308)	(0.426)	(0.380)	(0.459)	(0.580)	(0.265)	(0.263)
Cognition score = 3 (ref. = 0)	-0.954***	-0.202	-0.728**	-0.378	-0.345	0.108	-0.219	0.651**	0.116
	(0.221)	(0.246)	(0.271)	(0.362)	(0.330)	(0.401)	(0.524)	(0.222)	(0.226)
Cognition score = 4 (ref. = 0)	-1.064***	-0.213	-0.777**	-0.386	-0.429	0.210	-0.151	0.681**	0.217
	(0.216)	(0.243)	(0.269)	(0.358)	(0.327)	(0.397)	(0.516)	(0.217)	(0.223)
Constant	-3.659**	0.607	2.051*	-5.168***	-3.403**	-1.754	-4.231*	-4.710***	-1.063
	(1.321)	(1.008)	(0.994)	(1.448)	(1.185)	(1.542)	(1.993)	(1.158)	(1.073)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	20,625	20,446	20,354	20,216	20,255	17,992	17,969	20,603	20,611
Pseudo R2	0.184	0.093	0.212	0.080	0.061	0.524	0.046	0.036	0.069

Note: Logistic regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.8: Robustness analysis for overestimating health: different specification of objective mobility

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Overestimating	-0.027	-0.012	0.006	-0.137	0.135	0.312	0.600*	-0.035	0.153
	(0.129)	(0.143)	(0.126)	(0.226)	(0.190)	(0.182)	(0.256)	(0.136)	(0.128)
Age	0.039	-0.048	-0.082	0.136	0.264*	0.043	0.337*	0.084	0.092
	(0.088)	(0.099)	(0.083)	(0.135)	(0.110)	(0.132)	(0.144)	(0.086)	(0.079)
Age squared	0.000	0.001	0.001	-0.001	-0.002*	-0.001	-0.003**	-0.001	-0.001
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.498***	0.645***	0.409***	0.207	0.187	0.539**	0.499*	0.330**	0.167
	(0.124)	(0.126)	(0.111)	(0.204)	(0.168)	(0.168)	(0.229)	(0.126)	(0.119)
Medium education (ref. = low)	-0.336*	-0.147	0.063	-0.175	0.049	-0.158	0.430	-0.271	0.270*
	(0.137)	(0.146)	(0.128)	(0.233)	(0.201)	(0.196)	(0.257)	(0.150)	(0.137)
High education (ref. = low)	-0.543**	0.028	-0.205	0.062	-0.282	0.098	0.232	-0.130	0.201
	(0.188)	(0.187)	(0.158)	(0.306)	(0.245)	(0.230)	(0.327)	(0.186)	(0.176)
Chronic disease dummy	-0.025	0.101	0.151	0.529*	-0.019	0.342	0.018	0.155	0.174
	(0.167)	(0.173)	(0.154)	(0.238)	(0.245)	(0.218)	(0.316)	(0.180)	(0.168)
ADL dummy	0.331*	0.436*	0.337*	0.503	-0.003	0.334	0.553	-0.131	-0.166
	(0.144)	(0.192)	(0.163)	(0.320)	(0.246)	(0.238)	(0.311)	(0.145)	(0.143)
IADL dummy	0.361**	0.379*	0.291*	0.166	0.248	-0.215	-0.117	-0.265	-0.117
	(0.136)	(0.179)	(0.147)	(0.284)	(0.247)	(0.212)	(0.273)	(0.147)	(0.143)
Frailty dummy	0.200	0.282	0.518***	0.027	0.262	-0.069	-0.272	-0.320*	0.074
	(0.134)	(0.168)	(0.140)	(0.255)	(0.214)	(0.202)	(0.259)	(0.140)	(0.132)
Cognition score = 1 (ref. = 0)	-0.311	0.742	0.224	-0.115	-0.705	-0.563	-0.928	-0.092	0.366
	(0.593)	(1.227)	(0.879)	(1.148)	(1.296)	(1.137)	(1.361)	(0.635)	(0.618)
Cognition score = 2 (ref. = 0)	-0.312	0.631	0.573	0.428	0.259	0.649	0.000	0.069	0.200

	(0.469)	(0.743)	(0.645)	(0.740)	(1.035)	(0.999)	(.)	(0.447)	(0.463)
Cognition score = 3 (ref. = 0)	-1.146**	0.185	-0.381	0.057	-0.598	0.544	0.537	0.412	0.149
	(0.399)	(0.577)	(0.510)	(0.260)	(0.782)	(0.810)	(0.749)	(0.383)	(0.395)
Cognition score = 4 (ref. = 0)	-1.371***	-0.197	-0.474	0.000	-0.395	0.582	0.989	0.660	0.419
	(0.386)	(0.556)	(0.498)	(.)	(0.768)	(0.786)	(0.713)	(0.365)	(0.382)
Constant	-5.564	0.606	0.498	-3.870	-7.805*	0.759	-8.780	-1.038	-1.594
	(3.040)	(3.256)	(2.802)	(4.425)	(3.702)	(4.407)	(4.991)	(2.973)	(2.716)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	2,145	2,104	2,112	2,010	2,078	1,489	1,386	2,135	2,140
Pseudo R2	0.246	0.150	0.216	0.104	0.127	0.443	0.129	0.059	0.066

Note: Logistic regressions based on the sample that was unable to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.9: Robustness analysis for underestimating health: additional control variables

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Underestimating	0.254***	0.166**	0.202***	-0.050	-0.052	0.086	0.106	0.043	-0.008
	(0.067)	(0.058)	(0.053)	(0.085)	(0.070)	(0.083)	(0.132)	(0.072)	(0.062)
Age	0.005	-0.052	-0.112***	0.147**	0.086*	0.086	0.215**	0.201***	0.090*
	(0.042)	(0.033)	(0.032)	(0.046)	(0.038)	(0.048)	(0.066)	(0.039)	(0.035)
Age squared	0.001	0.001*	0.001***	-0.001**	-0.001	-0.001	-0.002***	-0.002***	-0.001***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women	0.262***	0.685***	0.268***	0.432***	0.361***	0.446***	0.467***	0.265***	0.156***
	(0.046)	(0.033)	(0.032)	(0.050)	(0.040)	(0.046)	(0.078)	(0.045)	(0.039)
Medium education (ref. = low)	-0.320***	-0.047	-0.209***	-0.044	-0.079	0.156*	0.114	0.061	0.107*
	(0.057)	(0.045)	(0.042)	(0.067)	(0.057)	(0.067)	(0.095)	(0.057)	(0.051)
High education (ref. = low)	-0.651***	0.021	-0.430***	0.179*	0.014	0.360***	0.433***	0.309***	0.184**
	(0.074)	(0.049)	(0.048)	(0.077)	(0.063)	(0.071)	(0.114)	(0.068)	(0.058)
Chronic disease dummy	0.083	0.185***	0.240***	0.076	0.091*	0.236***	0.162	-0.019	0.073
	(0.055)	(0.037)	(0.037)	(0.055)	(0.046)	(0.053)	(0.086)	(0.052)	(0.047)
ADL dummy	-0.039	0.042	0.227**	0.180	0.310**	-0.076	-0.251	-0.030	0.025
	(0.106)	(0.089)	(0.082)	(0.138)	(0.119)	(0.121)	(0.183)	(0.103)	(0.092)
IADL dummy	0.302***	0.152*	0.268***	0.038	0.057	-0.035	-0.185	-0.255**	-0.050
	(0.083)	(0.075)	(0.069)	(0.114)	(0.094)	(0.100)	(0.159)	(0.085)	(0.078)
Frailty dummy	0.453***	0.245*	0.643***	0.629***	0.309*	0.266	-0.154	-0.055	-0.273**
	(0.086)	(0.098)	(0.090)	(0.173)	(0.128)	(0.137)	(0.187)	(0.104)	(0.089)
Cognition score = 1 (ref. = 0)	-0.100	0.287	-0.465	-0.136	-0.533	-0.125	-1.502*	-0.493	-0.668
	(0.387)	(0.469)	(0.490)	(0.821)	(0.569)	(0.809)	(0.756)	(0.390)	(0.371)
Cognition score = 2 (ref. = 0)	-0.690*	-0.079	-0.596	-0.389	-0.126	-0.152	-0.654	0.236	-0.128

	(0.273)	(0.285)	(0.313)	(0.426)	(0.382)	(0.464)	(0.580)	(0.276)	(0.273)
Cognition score = 3 (ref. = 0)	-0.840***	-0.108	-0.699*	-0.318	-0.253	0.144	-0.140	0.643**	0.116
	(0.229)	(0.248)	(0.274)	(0.361)	(0.329)	(0.405)	(0.523)	(0.231)	(0.235)
Cognition score = 4 (ref. = 0)	-0.943***	-0.122	-0.747**	-0.324	-0.337	0.239	-0.063	0.666**	0.205
	(0.224)	(0.245)	(0.272)	(0.356)	(0.325)	(0.400)	(0.515)	(0.226)	(0.231)
Retired	-0.118	-0.017	-0.024	0.167*	0.130*	0.121	0.047	-0.068	-0.051
	(0.064)	(0.050)	(0.048)	(0.076)	(0.062)	(0.072)	(0.119)	(0.069)	(0.060)
Living with partner	0.066	0.343***	0.015	0.257***	0.316***	0.170**	0.301***	0.267***	0.289***
	(0.055)	(0.039)	(0.039)	(0.057)	(0.047)	(0.056)	(0.085)	(0.051)	(0.046)
Anyone tested positive	-0.053	0.132*	-0.053	0.143	0.112	0.014	0.276	0.195*	0.062
	(0.089)	(0.059)	(0.059)	(0.095)	(0.075)	(0.081)	(0.157)	(0.088)	(0.074)
Constant	-4.886***	0.426	1.954	-3.508*	-2.157	-0.878	-3.628	-5.216***	-1.446
	(1.456)	(1.092)	(1.087)	(1.559)	(1.284)	(1.646)	(2.292)	(1.319)	(1.196)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	20,325	20,151	20,063	19,926	19,966	17,752	17,734	20,305	20,312
Pseudo R2	0.185	0.095	0.211	0.083	0.064	0.526	0.050	0.038	0.071

Note: Logistic regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.10: Robustness analysis for overestimating health: additional control variables

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Overestimating	0.003	0.008	-0.008	-0.083	0.197	0.311	0.716^{**}	-0.028	0.134
	(0.128)	(0.141)	(0.126)	(0.219)	(0.186)	(0.179)	(0.253)	(0.135)	(0.128)
Age	0.048	-0.091	-0.091	-0.046	0.242^{*}	0.174	0.430^{**}	0.171	0.101
	(0.093)	(0.107)	(0.088)	(0.143)	(0.121)	(0.138)	(0.161)	(0.093)	(0.087)
Age squared	0.000	0.001	0.001	0.001	-0.002	-0.001	-0.003^{**}	-0.001^{*}	-0.001
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.479^{***}	0.761^{***}	0.424^{***}	0.336	0.159	0.644^{***}	0.650^{**}	0.370^{**}	0.204
	(0.126)	(0.127)	(0.111)	(0.204)	(0.167)	(0.166)	(0.228)	(0.131)	(0.122)
Medium education (ref. = low)	-0.399^{**}	-0.128	0.096	-0.089	0.044	-0.243	0.402	-0.273	0.245
	(0.137)	(0.147)	(0.126)	(0.231)	(0.199)	(0.194)	(0.245)	(0.149)	(0.136)
High education (ref. = low)	-0.583^{**}	0.052	-0.155	0.158	-0.240	0.000	0.156	-0.124	0.174
	(0.189)	(0.186)	(0.154)	(0.300)	(0.242)	(0.225)	(0.326)	(0.187)	(0.175)
Chronic disease dummy	-0.005	0.156	0.161	0.506^{*}	-0.045	0.369	0.189	0.163	0.198
	(0.168)	(0.173)	(0.155)	(0.239)	(0.247)	(0.217)	(0.305)	(0.176)	(0.166)
ADL dummy	0.386^{**}	0.399^{*}	0.299	0.467	-0.013	0.346	0.548	-0.141	-0.211
	(0.142)	(0.190)	(0.160)	(0.306)	(0.241)	(0.231)	(0.310)	(0.145)	(0.143)
IADL dummy	0.337^{*}	0.382^{*}	0.286^{*}	0.108	0.279	-0.172	-0.130	-0.357^{*}	-0.090
	(0.135)	(0.176)	(0.145)	(0.284)	(0.249)	(0.207)	(0.265)	(0.147)	(0.142)
Frailty dummy	0.205	0.342^{*}	0.522^{***}	0.146	0.255	-0.082	-0.034	-0.251	0.092
	(0.132)	(0.168)	(0.140)	(0.254)	(0.216)	(0.200)	(0.262)	(0.139)	(0.132)
Cognition score = 1 (ref. = 0)	-0.568	0.618	0.195	-0.092	-0.682	-0.565	-1.025	-0.533	0.197
	(0.594)	(1.226)	(0.875)	(1.104)	(1.277)	(1.168)	(1.301)	(0.631)	(0.627)
Cognition score = 2 (ref. = 0)	-0.403	0.765	0.507	0.539	0.090	0.792	0.000	0.096	0.162

	(0.461)	(0.740)	(0.647)	(0.726)	(0.929)	(0.970)	(.)	(0.460)	(0.471)
Cognition score = 3 (ref. = 0)	-1.119**	0.174	-0.355	0.053	-0.352	0.443	0.547	0.347	0.067
	(0.399)	(0.580)	(0.521)	(0.256)	(0.750)	(0.793)	(0.701)	(0.396)	(0.408)
Cognition score = 4 (ref. = 0)	-1.357***	-0.144	-0.446	0.000	-0.319	0.589	1.080	0.558	0.283
	(0.388)	(0.560)	(0.509)	(.)	(0.734)	(0.772)	(0.663)	(0.379)	(0.395)
Retired	-0.004	-0.018	0.114	0.501	-0.093	-0.424	-0.290	-0.205	-0.012
	(0.146)	(0.171)	(0.153)	(0.262)	(0.230)	(0.220)	(0.321)	(0.162)	(0.149)
Living with partner	0.015	0.388**	-0.057	0.519*	0.292	0.387*	0.657**	0.046	0.265*
	(0.120)	(0.133)	(0.115)	(0.204)	(0.174)	(0.166)	(0.224)	(0.130)	(0.119)
Anyone tested positive	-0.352	0.002	-0.360	-0.122	-0.010	0.220	0.840	0.282	0.416
	(0.253)	(0.234)	(0.199)	(0.387)	(0.326)	(0.337)	(0.727)	(0.269)	(0.248)
Constant	-5.931	1.558	0.924	1.656	-7.377	-4.182	-12.905*	-3.974	-1.887
	(3.219)	(3.547)	(2.982)	(4.763)	(4.101)	(4.643)	(5.587)	(3.177)	(2.978)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	2,208	2,167	2,172	2,070	2,142	1,553	1,440	2,201	2,205
Pseudo R2	0.238	0.157	0.217	0.105	0.124	0.444	0.142	0.065	0.075

Note: Logistic regressions based on the sample that was unable to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.11: Robustness analysis for underestimating health: additional control variable income

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Underestimating	0.205**	0.136*	0.201***	-0.096	-0.025	0.128	0.130	0.108	0.038
	(0.078)	(0.064)	(0.059)	(0.093)	(0.078)	(0.091)	(0.148)	(0.083)	(0.070)
Age	-0.045	-0.071*	-0.103**	0.201***	0.136**	0.117*	0.211**	0.215***	0.098**
	(0.046)	(0.035)	(0.035)	(0.051)	(0.041)	(0.053)	(0.068)	(0.041)	(0.037)
Age squared	0.001*	0.001**	0.001***	-0.001***	-0.001**	-0.001*	-0.002***	-0.002***	-0.001***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.001)	(0.000)	(0.000)
Women	0.255***	0.691***	0.262***	0.412***	0.329***	0.405***	0.500***	0.251***	0.146***
	(0.053)	(0.036)	(0.036)	(0.056)	(0.044)	(0.050)	(0.087)	(0.051)	(0.043)
Medium education (ref. = low)	-0.297***	0.000	-0.176***	0.011	-0.077	0.129	0.068	0.013	0.059
	(0.066)	(0.052)	(0.048)	(0.075)	(0.064)	(0.074)	(0.108)	(0.065)	(0.058)
High education (ref. = low)	-0.575***	0.062	-0.344***	0.196*	0.025	0.271***	0.206	0.203**	0.095
	(0.088)	(0.057)	(0.056)	(0.087)	(0.071)	(0.082)	(0.128)	(0.078)	(0.067)
Chronic disease dummy	0.106	0.177***	0.236***	0.097	0.098	0.211***	0.101	-0.045	0.072
	(0.065)	(0.042)	(0.042)	(0.062)	(0.051)	(0.060)	(0.099)	(0.060)	(0.053)
ADL dummy	-0.091	0.023	0.146	0.188	0.308*	-0.095	-0.182	-0.043	0.031
	(0.120)	(0.097)	(0.090)	(0.151)	(0.130)	(0.131)	(0.208)	(0.114)	(0.101)
IADL dummy	0.291**	0.115	0.214**	-0.048	-0.007	-0.034	-0.217	-0.241**	-0.050
	(0.094)	(0.082)	(0.077)	(0.123)	(0.101)	(0.108)	(0.171)	(0.093)	(0.087)
Frailty dummy	0.528***	0.206	0.643***	0.586**	0.214	0.297*	-0.125	-0.180	-0.357***
	(0.097)	(0.109)	(0.100)	(0.191)	(0.139)	(0.149)	(0.212)	(0.113)	(0.098)
Cognition score = 1 (ref. = 0)	-0.074	-0.123	-0.560	-0.699	-0.903	-0.761	-2.031*	-0.566	-0.536
	(0.461)	(0.525)	(0.550)	(0.857)	(0.617)	(0.970)	(0.946)	(0.470)	(0.449)
Cognition score = 2 (ref. = 0)	-0.803*	-0.360	-0.855*	-0.675	-0.223	-0.250	-1.124	0.219	-0.100

	(0.336)	(0.342)	(0.356)	(0.506)	(0.450)	(0.552)	(0.779)	(0.341)	(0.328)
Cognition score = 3 (ref. = 0)	-1.066***	-0.453	-0.980**	-0.579	-0.381	0.060	-0.523	0.633*	0.149
	(0.286)	(0.299)	(0.314)	(0.433)	(0.390)	(0.488)	(0.723)	(0.289)	(0.284)
Cognition score = 4 (ref. = 0)	-1.149***	-0.443	-0.988**	-0.540	-0.446	0.186	-0.479	0.647*	0.232
	(0.280)	(0.296)	(0.311)	(0.429)	(0.386)	(0.483)	(0.715)	(0.283)	(0.281)
Lowest income	-0.088***	0.010	-0.044***	-0.002	-0.000	0.063***	0.114***	0.049***	0.063***
	(0.015)	(0.010)	(0.011)	(0.014)	(0.011)	(0.015)	(0.019)	(0.013)	(0.012)
Constant	-1.880	1.560	2.552*	-4.841**	-3.363*	-2.524	-4.103	-5.979***	-2.239
	(1.584)	(1.181)	(1.173)	(1.713)	(1.389)	(1.810)	(2.377)	(1.384)	(1.254)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	15,768	15,652	15,577	15,500	15,513	13,877	13,864	15,755	15,762
Pseudo R2	0.196	0.090	0.203	0.081	0.058	0.515	0.050	0.035	0.068

Note: Logistic regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.12: Robustness analysis for overestimating health: additional control variable income

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Overestimating	0.104	0.044	-0.091	-0.108	0.274	0.172	0.679^{*}	-0.027	0.058
	(0.151)	(0.159)	(0.142)	(0.246)	(0.209)	(0.198)	(0.282)	(0.155)	(0.143)
Age	0.150	-0.043	-0.045	0.059	0.274^{*}	-0.035	0.372^{*}	0.078	0.058
	(0.111)	(0.115)	(0.095)	(0.164)	(0.123)	(0.141)	(0.164)	(0.104)	(0.095)
Age squared	-0.000	0.001	0.001	-0.000	-0.002^{*}	0.000	-0.003^{*}	-0.001	-0.001
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.463^{**}	0.707^{***}	0.496^{***}	0.358	0.217	0.526^{**}	0.596^{*}	0.369^{*}	0.176
	(0.141)	(0.139)	(0.126)	(0.219)	(0.185)	(0.189)	(0.249)	(0.144)	(0.135)
Medium education (ref. = low)	-0.344^{*}	-0.044	0.045	-0.016	-0.061	-0.074	0.455	-0.362^{*}	0.121
	(0.163)	(0.164)	(0.144)	(0.260)	(0.227)	(0.215)	(0.279)	(0.173)	(0.156)
High education (ref. = low)	-0.523^{*}	0.064	0.042	0.281	-0.381	0.062	0.082	-0.122	0.052
	(0.223)	(0.214)	(0.182)	(0.355)	(0.281)	(0.264)	(0.382)	(0.223)	(0.209)
Chronic disease dummy	-0.157	0.289	0.113	0.573^{*}	0.032	0.355	-0.093	0.223	0.139
	(0.193)	(0.192)	(0.179)	(0.279)	(0.284)	(0.243)	(0.351)	(0.199)	(0.188)
ADL dummy	0.491^{**}	0.433^{*}	0.415^{*}	0.472	0.045	0.220	0.270	-0.148	-0.167
	(0.165)	(0.208)	(0.181)	(0.343)	(0.271)	(0.259)	(0.335)	(0.167)	(0.165)
IADL dummy	0.437^{**}	0.367	0.282	0.217	0.170	-0.161	0.006	-0.276	-0.196
	(0.163)	(0.198)	(0.166)	(0.315)	(0.287)	(0.242)	(0.307)	(0.174)	(0.166)
Frailty dummy	0.407^{**}	0.323	0.473^{**}	0.013	0.264	0.004	-0.164	-0.297	0.068
	(0.154)	(0.185)	(0.157)	(0.286)	(0.239)	(0.222)	(0.286)	(0.161)	(0.153)
Cognition score = 1 (ref. = 0)	-0.300	0.000	0.000	0.000	0.000	0.000	0.000	-0.746	0.444
	(0.826)	(.)	(.)	(.)	(.)	(.)	(.)	(0.862)	(0.850)
Cognition score = 2 (ref. = 0)	-0.313	1.016	0.720	0.981	0.151	-0.194	0.000	-0.133	0.494

	(0.618)	(0.842)	(0.729)	(0.990)	(0.963)	(1.129)	(.)	(0.589)	(0.585)
Cognition score = 3 (ref. = 0)	-1.283*	0.289	-0.087	-0.178	-0.354	0.172	0.383	0.242	0.490
	(0.530)	(0.650)	(0.595)	(0.278)	(0.777)	(0.915)	(0.958)	(0.516)	(0.499)
Cognition score = 4 (ref. = 0)	-1.459**	-0.024	-0.232	0.000	-0.114	0.307	0.799	0.503	0.633
	(0.515)	(0.627)	(0.580)	(.)	(0.757)	(0.890)	(0.917)	(0.497)	(0.483)
Lowest income	-0.075	0.023	-0.055	0.079	0.094	0.037	0.079	0.055	0.115**
	(0.045)	(0.044)	(0.036)	(0.049)	(0.058)	(0.054)	(0.082)	(0.040)	(0.040)
Constant	-8.515*	-0.260	-0.299	-3.094	-9.559*	2.968	-10.529	-1.459	-1.758
	(3.915)	(3.809)	(3.219)	(5.279)	(4.233)	(4.765)	(5.665)	(3.592)	(3.274)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	1,658	1,620	1,624	1,569	1,596	1,129	1,106	1,655	1,655
Pseudo R2	0.270	0.151	0.210	0.123	0.122	0.396	0.131	0.063	0.065

Note: Logistic regressions based on the sample that was unable to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.13: Robustness analysis for underestimating health: interaction between country and interview week dummies

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Underestimating	0.250***	0.164**	0.192***	-0.058	-0.043	0.070	0.114	0.040	-0.018
	(0.066)	(0.057)	(0.052)	(0.085)	(0.070)	(0.082)	(0.132)	(0.072)	(0.061)
Age	-0.031	-0.044	-0.115***	0.210***	0.137***	0.109*	0.252***	0.196***	0.087**
	(0.039)	(0.031)	(0.030)	(0.044)	(0.036)	(0.046)	(0.059)	(0.035)	(0.032)
Age squared	0.001**	0.001*	0.001***	-0.001***	-0.001***	-0.001*	-0.002***	-0.002***	-0.001***
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Women	0.263***	0.646***	0.272***	0.411***	0.329***	0.419***	0.418***	0.228***	0.120**
	(0.045)	(0.032)	(0.032)	(0.050)	(0.040)	(0.046)	(0.076)	(0.044)	(0.038)
Medium education (ref. = low)	-0.323***	-0.039	-0.214***	-0.041	-0.073	0.172**	0.119	0.089	0.119*
	(0.057)	(0.045)	(0.042)	(0.067)	(0.057)	(0.066)	(0.095)	(0.057)	(0.051)
High education (ref. = low)	-0.638***	0.030	-0.427***	0.190*	0.018	0.370***	0.466***	0.341***	0.193***
	(0.074)	(0.049)	(0.048)	(0.076)	(0.063)	(0.071)	(0.114)	(0.067)	(0.058)
Chronic disease dummy	0.090	0.182***	0.241***	0.078	0.094*	0.245***	0.146	-0.032	0.068
	(0.055)	(0.037)	(0.037)	(0.055)	(0.046)	(0.053)	(0.086)	(0.052)	(0.046)
ADL dummy	-0.074	0.029	0.214**	0.188	0.311**	-0.069	-0.284	-0.012	0.016
	(0.105)	(0.087)	(0.081)	(0.137)	(0.118)	(0.120)	(0.182)	(0.102)	(0.090)
IADL dummy	0.288***	0.136	0.246***	0.010	0.058	-0.057	-0.127	-0.238**	-0.055
	(0.083)	(0.074)	(0.069)	(0.113)	(0.092)	(0.099)	(0.160)	(0.084)	(0.077)
Frailty dummy	0.489***	0.234*	0.663***	0.653***	0.309*	0.283*	-0.230	-0.124	-0.310***
	(0.086)	(0.097)	(0.089)	(0.173)	(0.128)	(0.136)	(0.185)	(0.101)	(0.087)
Cognition score = 1 (ref. = 0)	-0.132	0.308	-0.485	-0.146	-0.513	0.076	-1.367	-0.418	-0.647
	(0.391)	(0.468)	(0.478)	(0.805)	(0.572)	(0.807)	(0.743)	(0.381)	(0.363)
Cognition score = 2 (ref. = 0)	-0.761**	-0.162	-0.621*	-0.469	-0.232	-0.133	-0.633	0.210	-0.145
	(0.271)	(0.284)	(0.311)	(0.421)	(0.384)	(0.467)	(0.579)	(0.271)	(0.268)

Cognition score = 3 (ref. = 0)	-0.916***	-0.178	-0.717**	-0.374	-0.318	0.176	-0.076	0.650**	0.136
	(0.226)	(0.247)	(0.274)	(0.355)	(0.332)	(0.409)	(0.521)	(0.227)	(0.229)
Cognition score = 4 (ref. = 0)	-1.021***	-0.191	-0.761**	-0.390	-0.404	0.258	-0.036	0.676**	0.237
	(0.221)	(0.244)	(0.272)	(0.351)	(0.329)	(0.404)	(0.512)	(0.222)	(0.226)
Constant	-3.351*	0.480	2.166*	-5.375***	-3.559**	-1.706	-4.643*	-4.750***	-1.067
	(1.340)	(1.015)	(1.005)	(1.463)	(1.201)	(1.560)	(2.032)	(1.182)	(1.093)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interaction between dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	20,276	20,299	20,217	19,903	20,021	17,234	17,293	20,458	20,427
Pseudo R2	0.190	0.097	0.214	0.087	0.065	0.513	0.056	0.041	0.074

Note: Logistic regressions based on the sample that was able to stand up during the chair stand test; * p<0.05, ** p<0.01, *** p<0.0

Table A.14: Robustness analysis for overestimating health: interaction between country and interview week dummies

	(1) Staying home	(2) Less shopping	(3) Less walks	(4) Less meetings	(5) Less visits	(6) Wearing masks	(7) Keeping distance	(8) Washing hands	(9) Sanitising hands
Overestimating	-0.012	-0.024	0.011	-0.148	0.181	0.337	0.701**	-0.007	0.115
	(0.130)	(0.145)	(0.129)	(0.225)	(0.186)	(0.186)	(0.264)	(0.137)	(0.128)
Age	0.030	-0.051	-0.087	0.114	0.232*	0.083	0.435**	0.136	0.110
	(0.088)	(0.102)	(0.084)	(0.131)	(0.111)	(0.137)	(0.154)	(0.089)	(0.083)
Age squared	0.000	0.001	0.001	-0.001	-0.001	-0.001	-0.003**	-0.001*	-0.001
	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Women	0.498***	0.752***	0.421***	0.299	0.177	0.618***	0.629**	0.381**	0.195
	(0.124)	(0.127)	(0.114)	(0.202)	(0.171)	(0.177)	(0.234)	(0.127)	(0.119)
Medium education (ref. = low)	-0.380**	-0.049	0.090	-0.080	0.066	-0.185	0.503*	-0.336*	0.223
	(0.139)	(0.149)	(0.130)	(0.229)	(0.205)	(0.202)	(0.256)	(0.154)	(0.138)
High education (ref. = low)	-0.603**	0.144	-0.161	0.192	-0.218	0.047	0.313	-0.186	0.198
	(0.188)	(0.190)	(0.161)	(0.305)	(0.245)	(0.235)	(0.321)	(0.193)	(0.177)
Chronic disease dummy	0.035	0.202	0.236	0.612*	0.060	0.331	0.115	0.117	0.132
	(0.171)	(0.181)	(0.159)	(0.247)	(0.243)	(0.223)	(0.305)	(0.185)	(0.169)
ADL dummy	0.363*	0.413*	0.315	0.476	-0.005	0.375	0.583	-0.086	-0.178
	(0.144)	(0.194)	(0.164)	(0.311)	(0.244)	(0.239)	(0.317)	(0.146)	(0.147)
IADL dummy	0.310*	0.479**	0.317*	0.138	0.318	-0.160	0.032	-0.314*	-0.104
	(0.139)	(0.182)	(0.148)	(0.290)	(0.251)	(0.208)	(0.282)	(0.152)	(0.144)
Frailty dummy	0.250	0.269	0.496***	0.050	0.273	-0.074	-0.248	-0.279*	0.037
	(0.134)	(0.171)	(0.144)	(0.254)	(0.217)	(0.203)	(0.278)	(0.140)	(0.132)
Cognition score = 1 (ref. = 0)	-0.417	0.519	0.269	0.142	-0.637	-0.222	-1.706	-0.321	0.071
	(0.615)	(1.268)	(0.864)	(1.215)	(1.378)	(1.107)	(1.710)	(0.674)	(0.651)
Cognition score = 2 (ref. = 0)	-0.337	0.810	0.493	0.492	-0.039	0.842	0.000	0.100	0.047
	(0.468)	(0.763)	(0.669)	(0.750)	(0.975)	(1.040)	(.)	(0.457)	(0.489)

Cognition score = 3 (ref. = 0)	-1.214**	0.126	-0.355	0.068	-0.558	0.582	0.536	0.397	0.018
	(0.405)	(0.633)	(0.540)	(0.259)	(0.815)	(0.851)	(0.755)	(0.388)	(0.421)
Cognition score = 4 (ref. = 0)	-1.460***	-0.280	-0.465	0.000	-0.527	0.796	1.184	0.698	0.318
	(0.393)	(0.617)	(0.530)	(.)	(0.802)	(0.835)	(0.726)	(0.371)	(0.409)
Constant	-4.867	0.437	0.953	-3.679	-7.103	-1.133	-12.808*	-2.175	-1.812
	(3.065)	(3.360)	(2.833)	(4.283)	(3.753)	(4.563)	(5.263)	(3.089)	(2.849)
Country dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interview week dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Interaction between dummies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
N	2,186	2,086	2,141	1,628	1,849	1,310	1,081	2,143	2,149
Pseudo R2	0.255	0.172	0.234	0.102	0.133	0.370	0.143	0.086	0.084

Note: Logistic regressions based on the sample that was unable to stand up during the chair stand test; * $p<0.05$, ** $p<0.01$, *** $p<0.0$