

**Supplementary Table S1: Association between FVC% predicted and mortality (Exclusion of deaths occurring in the first 3 years of follow-up) \*.**

<b>Males (410)</b>					
	Q1**	Q2††	Q3‡‡	Q4§§	P-trend
Number of cases	103	103	105	99	
Number of death	29	35	34	46	
Model 1†	1.0 (ref.)	1.33 (0.81–2.18)	1.19 (0.72–1.95)	1.99 (1.25–3.16)	0.010
Model 2†	1.0 (ref.)	1.33 (0.81–2.17)	1.19 (0.72–1.95)	1.94 (1.22–3.10)	0.012
Model 3§	1.0 (ref.)	1.55 (0.93–2.60)	1.25 (0.74–2.14)	2.10 (1.27–3.47)	0.014
<b>Females (560)</b>					
	Q1 **	Q2††	Q3‡‡	Q4§§	P-trend
Number of cases	141	141	139	139	
Number of death	22	31	20	30	
Model 1†	1.0 (ref.)	1.55 (0.90–2.67)	0.95 (0.52–1.75)	1.42 (0.82–2.47)	0.520
Model 2†	1.0 (ref.)	1.71 (0.99–2.97)	1.08 (0.59–1.99)	1.48 (0.86–2.58)	0.418
Model 3§	1.0 (ref.)	1.75 (0.98–3.11)	1.04 (0.54–1.99)	1.48 (0.82–2.70)	0.494

FVC% predicted = % predicted value forced vital capacity; BMI = body mass index; hs-CRP = high sensitive C-reactive protein; ref = reference. \* Hazard ratio (95% confidence interval). † Model 1: univariate model. ‡ Model 2: adjusted for age. § Model 3: adjusted for Model 2 + medical history (pneumonia, bronchial asthma, cancer, stroke, myocardial infarction, diabetes, hypertension), smoking, alcohol consumption, depressive symptoms, cognitive function, educational level, marital status, leg extension power, BMI, albumin and hs-CRP. \*\* Q1; FVC% predicted  $\geq 100.5$  (male),  $\geq 114.5$  (female). †† Q2; FVC% predicted  $\geq 89.2$  to  $< 100.5$  (male),  $\geq 100.9$  to  $< 114.5$  (female). ‡‡ Q3; FVC% predicted  $\geq 78.3$  to  $< 89.2$  (male),  $\geq 87.7$  to  $< 100.9$  (female). §§ Q4; FVC% predicted  $< 78.3$  (male),  $< 87.7$  (female).

**Supplementary Table S2: Association between FVC% predicted (2 groups  $< 80\%$  and  $\geq 80\%$ ) and mortality \*.**

	<b>Males (420)</b>			<b>Females (565)</b>		
	%FVC	%FVC	P	%FVC	%FVC	P
	$\geq 80\%$	$< 80\%$		$\geq 80\%$	$< 80\%$	
Number of cases	296	124		484	81	
Number of death	97	57		85	23	
Model 1†	1.0 (ref.)	1.60 (1.15–2.22)	0.005	1.0 (ref.)	1.67 (1.05–2.64)	0.030
Model 2‡	1.0 (ref.)	1.57 (1.13–2.18)	0.007	1.0 (ref.)	1.63 (1.03–2.58)	0.038
Model 3§	1.0 (ref.)	1.58 (1.11–2.24)	0.010	1.0 (ref.)	1.87 (1.11–3.14)	0.019

FVC% predicted = % predicted value forced vital capacity; BMI = body mass index; hs-CRP = high sensitive C-reactive protein; ref = reference. \* Hazard ratio (95% confidence interval). † Model 1: univariate model. ‡ Model 2: adjusted for age. § Model 3: Model 2 adjusted for medical history (pneumonia, bronchial asthma, cancer, stroke, myocardial infarction, diabetes, hypertension), smoking, alcohol consumption, depressive symptoms, cognitive function, educational level, marital status, leg extension power, BMI, albumin and hs-CRP.

**Supplementary Table S3: The effect of muscle strength (2 groups) \* on the association between FVC% predicted (2 groups  $< 80\%$  and  $\geq 80\%$ ) and mortality †.**

	<b>Males (420)</b>			<b>Females (565)</b>		
	FVC% predicted $\geq 80\%$	FVC% predicted $< 80\%$	P	FVC% predicted $\geq 80\%$	FVC% predicted $< 80\%$	P
<b>Model 1 ‡</b>						
FVC% predicted						
Leg power	1.0 (ref.)	1.60 (1.15–2.22)	0.005	1.0 (ref.)	1.67 (1.05–2.64)	0.030
<b>Model 2 §</b>						
FVC% predicted						
Leg power	1.0 (ref.)	1.48 (1.06–2.06)	0.021	1.0 (ref.)	1.67 (1.05–2.67)	0.030
<b>Model 3 ¶</b>						
FVC% predicted						
Leg power	1.0 (ref.)	1.59 (1.12–2.25)	0.009	1.0 (ref.)	1.81 (1.08–3.02)	0.025
		1.70 (1.07–2.68)	0.023		1.05 (0.61–1.79)	0.861

FVC% predicted = %forced vital capacity; BMI = body mass index; hs-CRP = high sensitive C-reactive protein; ref = reference. \* Leg extension power  $\geq 15.8$  w/kg (male),  $\geq 9.9$  w/kg (female) and leg extension power  $< 15.8$  w/kg (male),  $< 9.9$  w/kg (female). † Hazard ratio (95% confidence interval). ‡ Model 1: univariate model. § Model 2: Model 1+ leg extension power. ¶ Model 3: Model 2 adjusted for age, medical history (pneumonia, bronchial asthma, cancer, stroke, myocardial infarction, diabetes, hypertension), smoking, alcohol consumption, depressive symptoms, cognitive function, educational level, marital status, BMI, albumin and hs-CRP.