

Supplementary File 1. STROBE checklist for cross-sectional studies

This checklist refers to the article titled “Intrinsic Capacity Decline and Its Associated Factors among Community-Dwelling Older Adults in Kedah, Malaysia.” Page and line numbers correspond from the “with changes manuscript”.

Section	Item No	Recommendation	Location in manuscript (page, line)
Title and abstract	1 (a)	Indicate the study’s design with a commonly used term in the title or the abstract	Page 1, lines 20–21 – the Methodology sentence in the abstract states that this was a community-based <i>cross-sectional</i> study.
	1 (b)	Provide in the abstract an informative and balanced summary of what was done and what was found	Page 1, lines 10–27 – the abstract describes the objectives, methods (sample, assessment tools and statistical analysis) and summarizes the main findings and conclusions.
Introduction	2	Explain the scientific background and rationale for the investigation being reported	Page 1, lines 31–54; page. 2, lines 1–14 – the introduction explains the WHO concept of intrinsic capacity, its domains, the need for early detection and the lack of data in Malaysia.
	3	State specific objectives, including any prespecified hypotheses	Page 2, lines 45–51 – the last paragraph of the introduction states that the study aimed to estimate the prevalence of decline across six intrinsic capacity domains and to explore sociodemographic and anthropometric correlates; it also states the hypotheses about walking-aid use, sensory impairments and falls.
Methods	4	Present key elements of study design early in the paper	Page 2, lines 54–55; page 3, lines 1–7 – the Methods section opens by stating that this was a community-based <i>cross-sectional</i> study conducted at PAWE centres between February and September 2025.
	5	Describe the setting, locations and relevant dates (periods of recruitment, exposure, follow-up and data collection)	Page 3, lines 1–7 – describes three Pusat Aktiviti Warga Emas centres in Kedah, Malaysia, and the recruitment period (February–September 2025).
	6 (a)	Give the eligibility criteria, and the sources and methods of selection of participants	Page 3, lines 7–14 – eligible participants were community-dwelling adults ≥ 60 years attending PAWE

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			centres who could communicate and gave written informed consent; exclusion criteria (severe cognitive impairment or acute illness) are also stated; a convenience sampling approach is described.
	6 (b)	For matched studies, give matching criteria and number of exposed and unexposed	Not applicable – the study was not matched.
	7	Clearly define all outcomes, exposures, predictors, potential confounders and effect modifiers; give diagnostic criteria if applicable	Page 3, lines 39–45 – defines decline in each intrinsic capacity domain (e.g., MMSE <24, SPPB <9, MNA-SF <12, impaired vision/hearing, GDS-15 ≥5); page 3, lines 47–52 – defines anthropometric exposures (BMI, waist circumference, waist-to-height ratio and skeletal muscle index) and criteria for central obesity and low muscle mass; page. 3, lines 54–55 – lists associates (age, sex, ethnicity, education, marital status, multimorbidity, medication use, walking-aid use, hearing-aid use, pacemaker use and body composition measures).
	8	For each variable of interest, give sources of data and details of methods of assessment (measurement); describe comparability of assessment methods if there is more than one group	Page 3, lines 24–31 – describes data collection procedures: trained research assistants collected sociodemographic and clinical data via structured interview and administered the WHO-ICOPE Step 1 screening tools; anthropometric and functional assessments were performed using calibrated equipment following standardized protocols.
	9	Describe any efforts to address potential sources of bias	Page 3, lines 32–38 – describes measures to minimise reporting and data-collection bias, including use of validated instruments, standardized protocols, and training of assessors, conducting interviews in participants’ preferred language and checking data completeness at each visit.
	10	Explain how the study size was arrived at	Not reported – the manuscript reports the final sample size (329 participants) but does not describe a sample-size calculation.

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	11	Explain how quantitative variables were handled in the analyses; if applicable, describe which groupings were chosen and why	Page 3, lines 39–52 – quantitative variables such as BMI, waist circumference, waist-to-height ratio and skeletal muscle index are defined and categorised using established cut-off values; page3, lines 54–55 – variables were included as associates in logistic regression models.
	12 (a)	Describe all statistical methods, including those used to control for confounding	Page 3, lines 54–55; page. 4, lines 1–7 – logistic regression models were used to estimate associations between the selected variables and IC decline; adjusted odds ratios (aOR) were reported controlling for age, gender and BMI.
	12 (b)	Describe any methods used to examine subgroups and interactions	Not applicable – no subgroup or interaction analyses were reported.
	12 (c)	Explain how missing data were addressed	There is no missing data for this study.
	12 (d)	If applicable, describe analytical methods taking account of sampling strategy	Not applicable – participants were recruited by convenience sampling, and no weighting or complex sampling methods were used.
	12 (e)	Describe any sensitivity analyses	Not applicable – no sensitivity analyses were performed.
Results	13 (a)	Report numbers of individuals at each stage of study eg, numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up and analysed	Page 5, lines 1–5 – states that 329 community-dwelling older adults were included; because this was a single cross-sectional survey there were no additional stages.
	13 (b)	Give reasons for non-participation at each stage	Not applicable – the cross-sectional survey reports only the final number of participants and does not include stages with non-participation.
	13 (c)	Consider use of a flow diagram	Not applicable – no flow diagram was presented for this cross-sectional study.
	14(a)	Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders	Page 5, lines 1–20 – describes the demographics (age, sex, marital status, education, and income), burden of multimorbidity, polypharmacy, falls, BMI, central obesity and muscle health of participants.

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	14 (b)	Indicate number of participants with missing data for each variable of interest	Not reported – the manuscript does not state whether there were missing data for specific variables.
	15	Report numbers of outcome events or summary measures	Page 5, lines 14–16 – reports prevalence of decline in each intrinsic capacity domain and the proportion with ≥ 1 domain impaired.
	16 (a)	Provide unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g. 95 % confidence interval); make clear which confounders were adjusted for and why they were included	Page 5, lines 24–45 – unadjusted logistic regression results are described and presented in Table 2; Page 6, lines 1–20 – adjusted logistic regression results controlling for age, gender and BMI are described and presented in Table 3a and Table 3b.
	16 (b)	Report category boundaries when continuous variables were categorised	Page 3, lines 47–52 – provides category cut-offs for BMI, waist circumference, waist-to-height ratio and skeletal muscle index.
	16 (c)	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Not applicable – risk translations were not relevant for this cross-sectional study.
	17	Report other analyses done—eg, analyses of subgroups and interactions, and sensitivity analyses	Not applicable – no subgroup analyses or sensitivity analyses were reported.
Discussion	18	Summarise key results with reference to study objectives	Page 13, lines 17–25 – the first paragraph of the discussion summarises the prevalence of intrinsic capacity decline and highlights which domains and variables were most affected, explicitly linking the findings back to the study objectives.
	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision; discuss both direction and magnitude of any potential bias	Page 15, lines 20–32 – the “Strengths and Limitations” section discusses selection bias due to recruitment at PAWE centres, inability to infer causality due to cross-sectional design, potential recall bias from self-reported data and possible misclassification from

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			screening tools without diagnostic confirmation.
	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies and other relevant evidence	Page13, lines 17–49 – the discussion interprets the findings in light of international literature, explains how device use reflects existing functional limitation rather than causation, and highlights differences in protective factors compared with Western populations; limitations are acknowledged and the implications for healthy ageing strategies are considered.
	21	Discuss the generalisability (external validity) of the study results	Page13, lines 37–47 – explains that participants were recruited from community-based wellness centres and that the findings should be generalised primarily to similar, socially engaged older adults rather than to more frail or socially isolated populations.
Other information	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Page 9, lines 3–4 – the funding statement reports that the study was self-funded; no external funders influenced the study design, data collection, analysis or reporting.