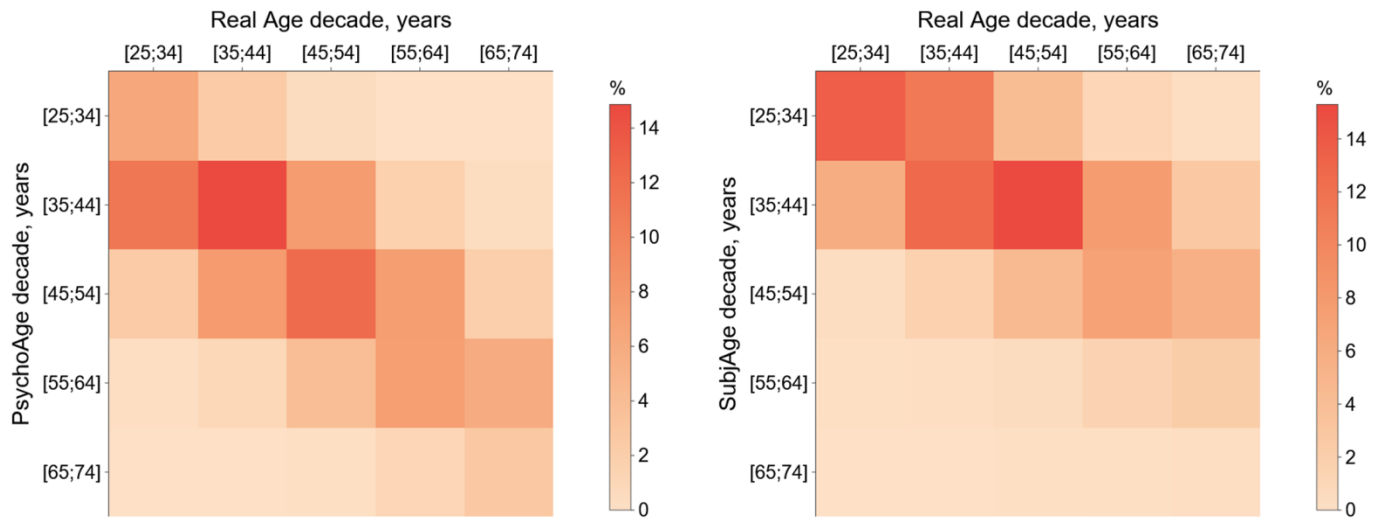
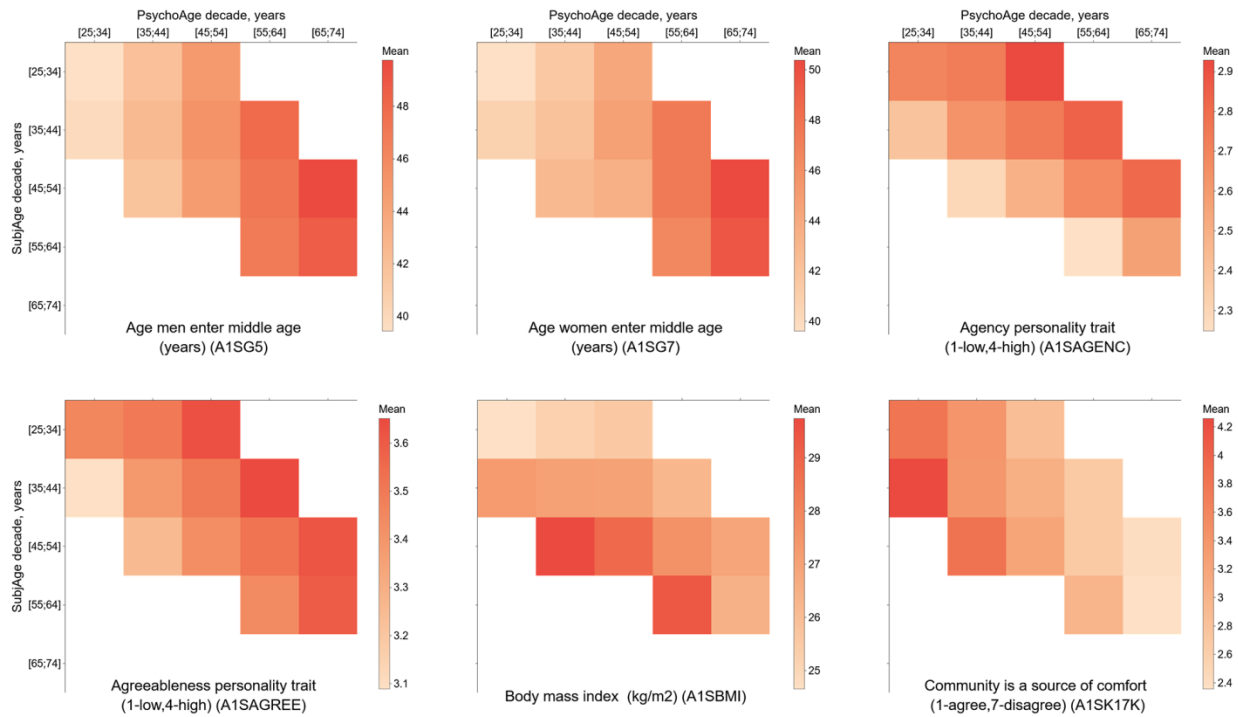
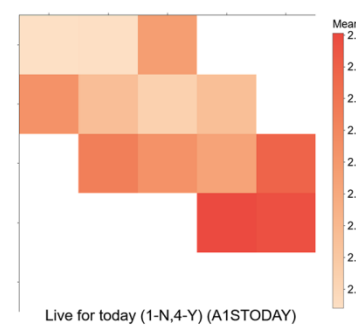
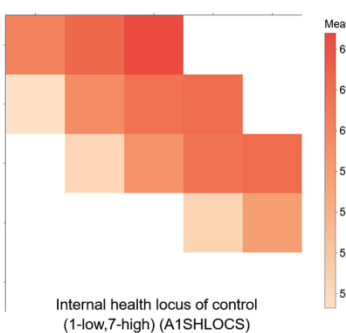
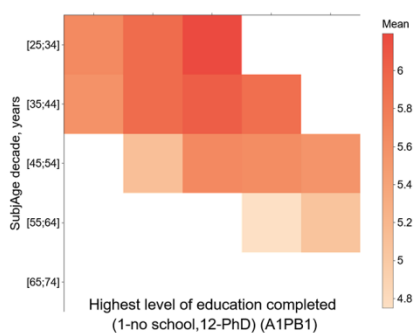
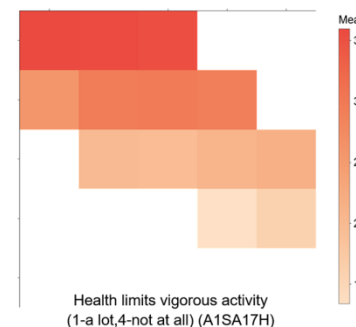
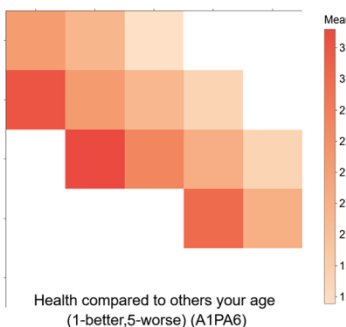
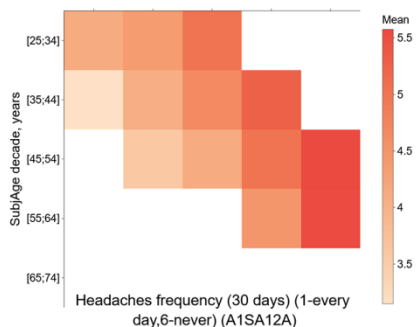
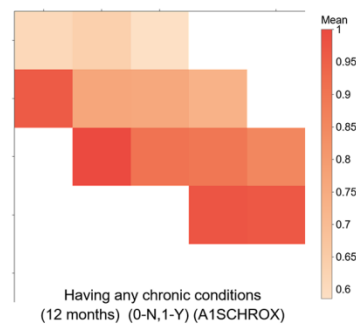
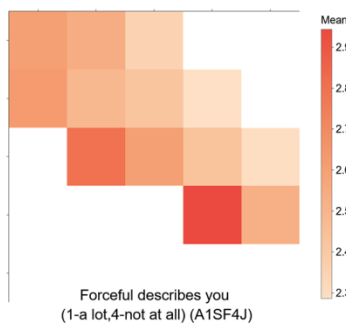
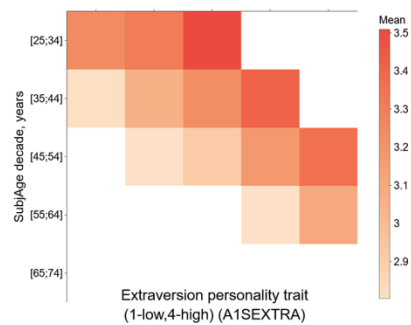
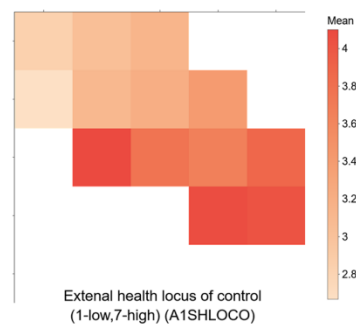
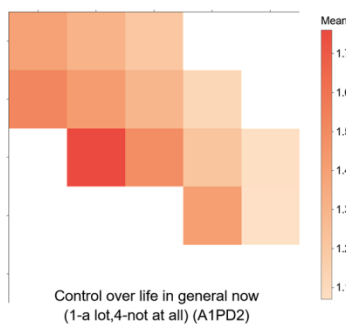
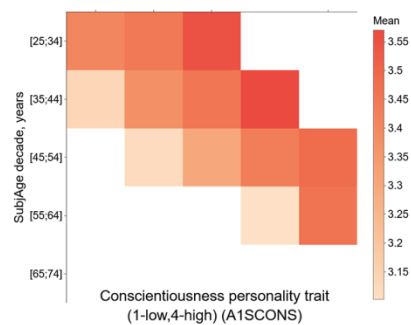


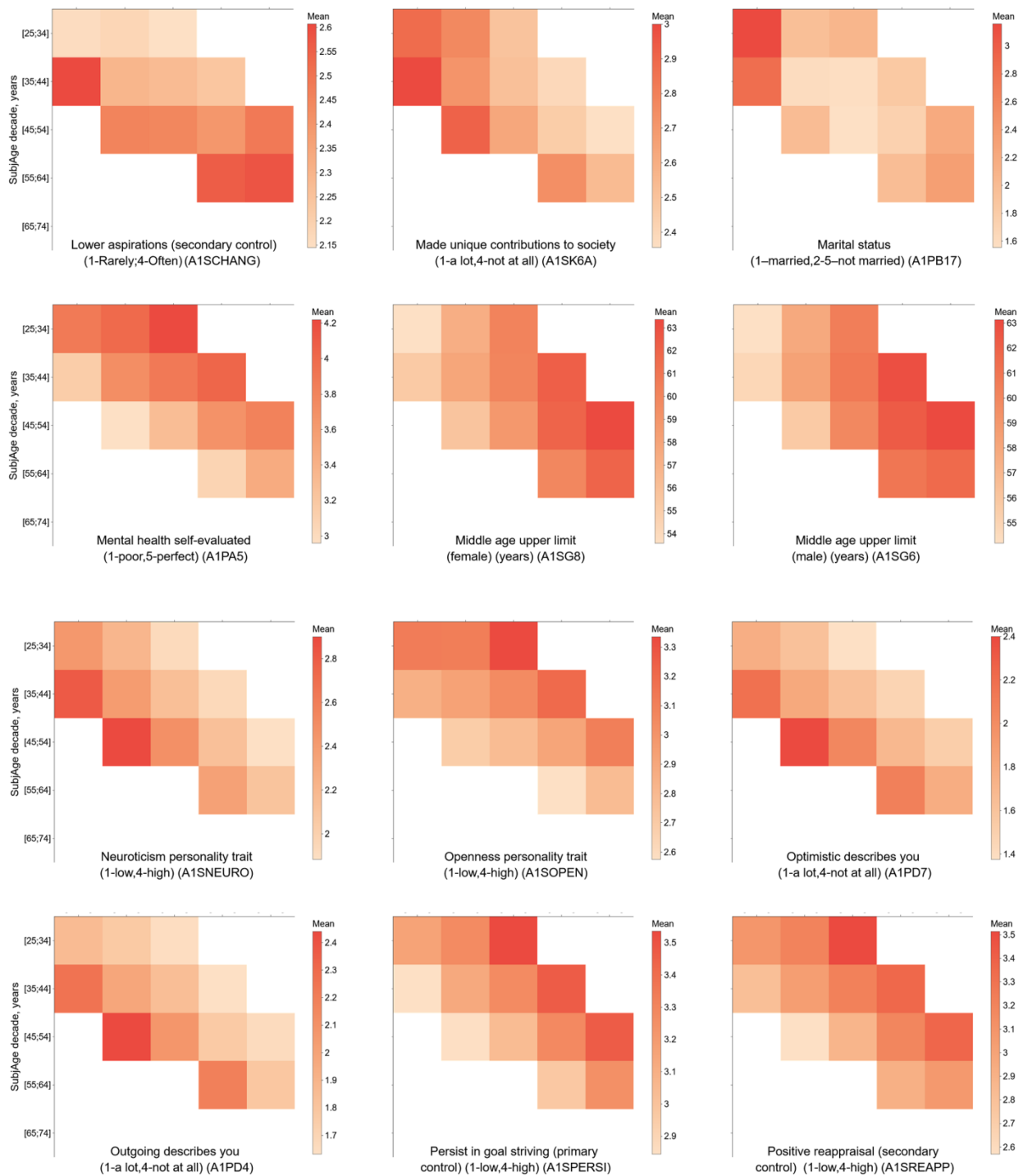
SUPPLEMENTARY FIGURES

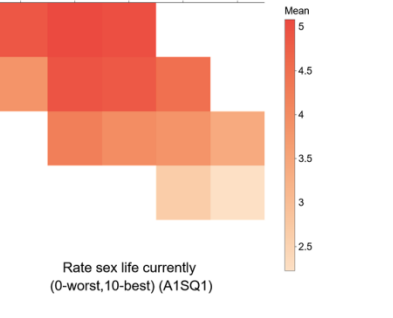
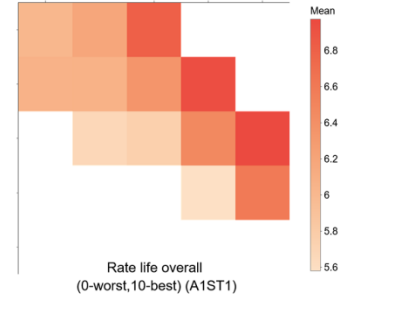
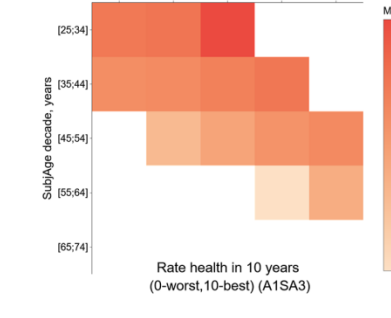
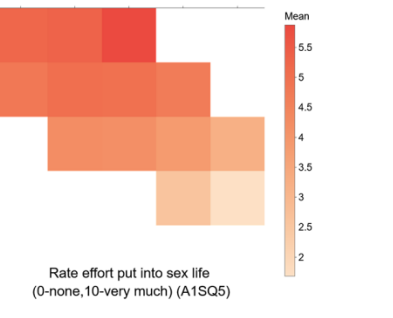
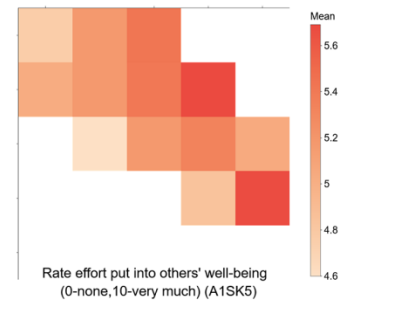
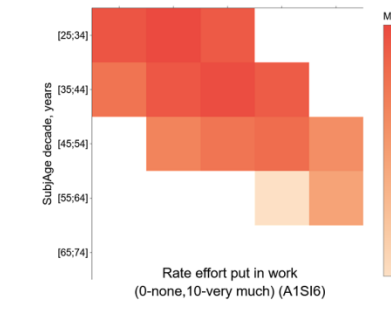
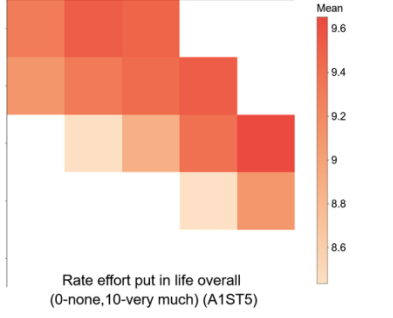
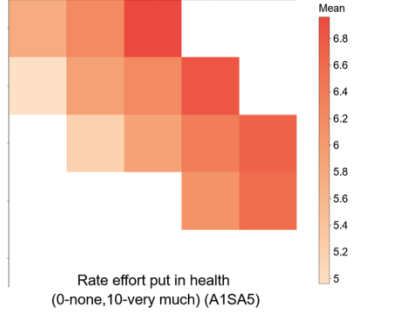
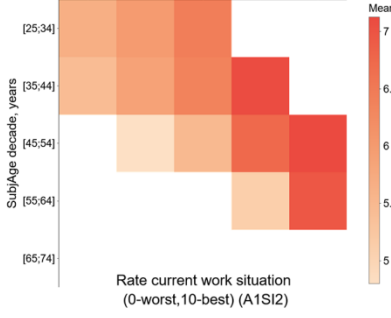
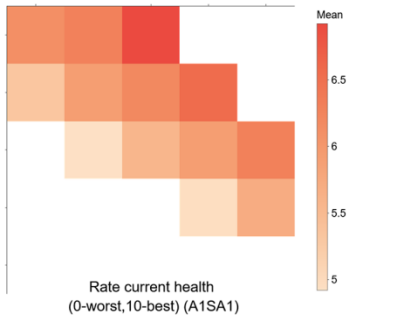
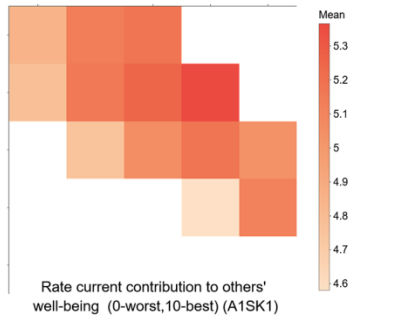
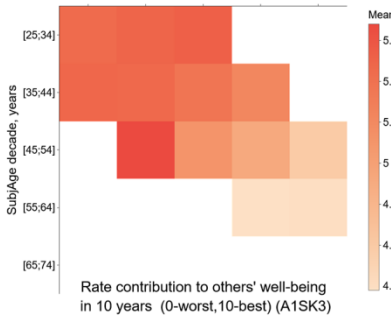


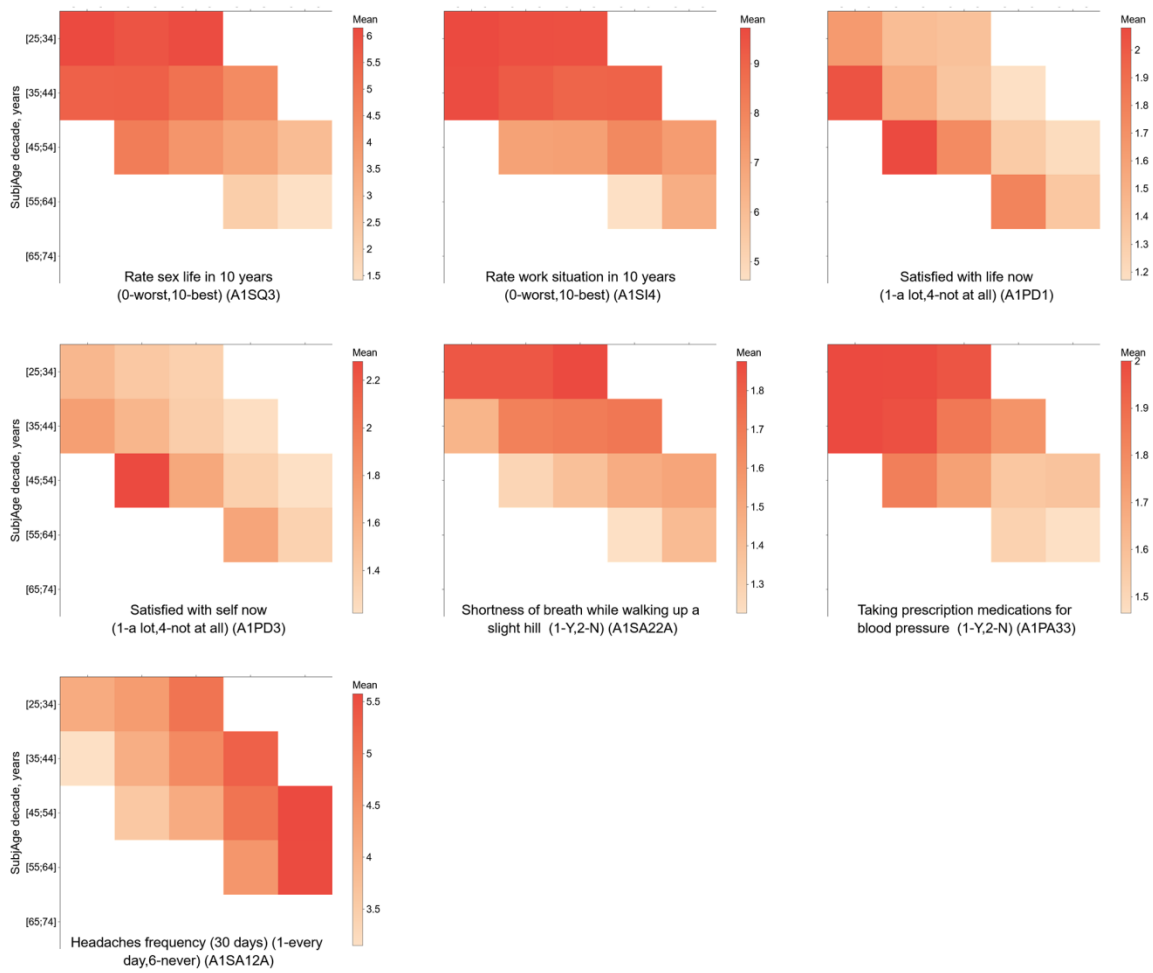
Supplementary Figure 1. Confusion matrix for PsychoAge and SubjAge divided by decades in MIDUS 1 (N=6071).



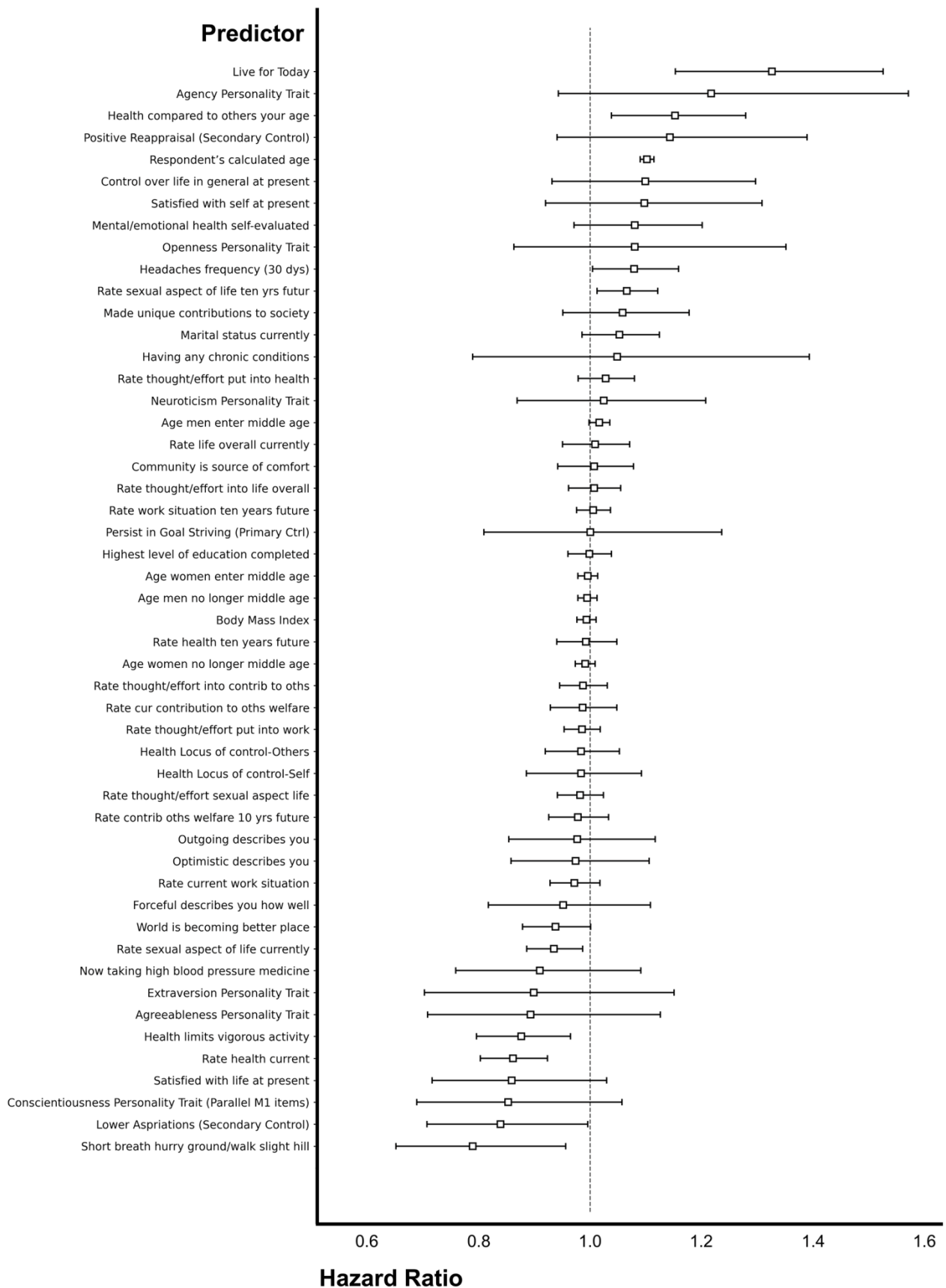




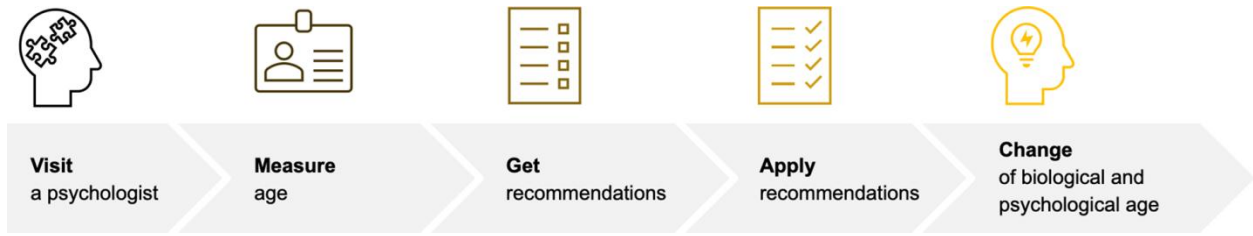




Supplementary Figure 2. Confusion matrices for all psychosocial variables used by PsychoAge and SubjAge, colored by mean variable value in the cross-prediction group. Squares with < 25 samples were left blank and excluded from mixed effects linear model analysis.



Supplementary Figure 3. The features that were associated with the greatest risk of mortality.



Supplementary Figure 4. Optimized patient flow with deep psychological clocks.