Self-Rated Health as a Prospective Predictor of Everyday Physical Symptoms and Illness Behavior

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Supplementary Material

Section S1: Participant flow diagram, characteristics, and descriptive statistics

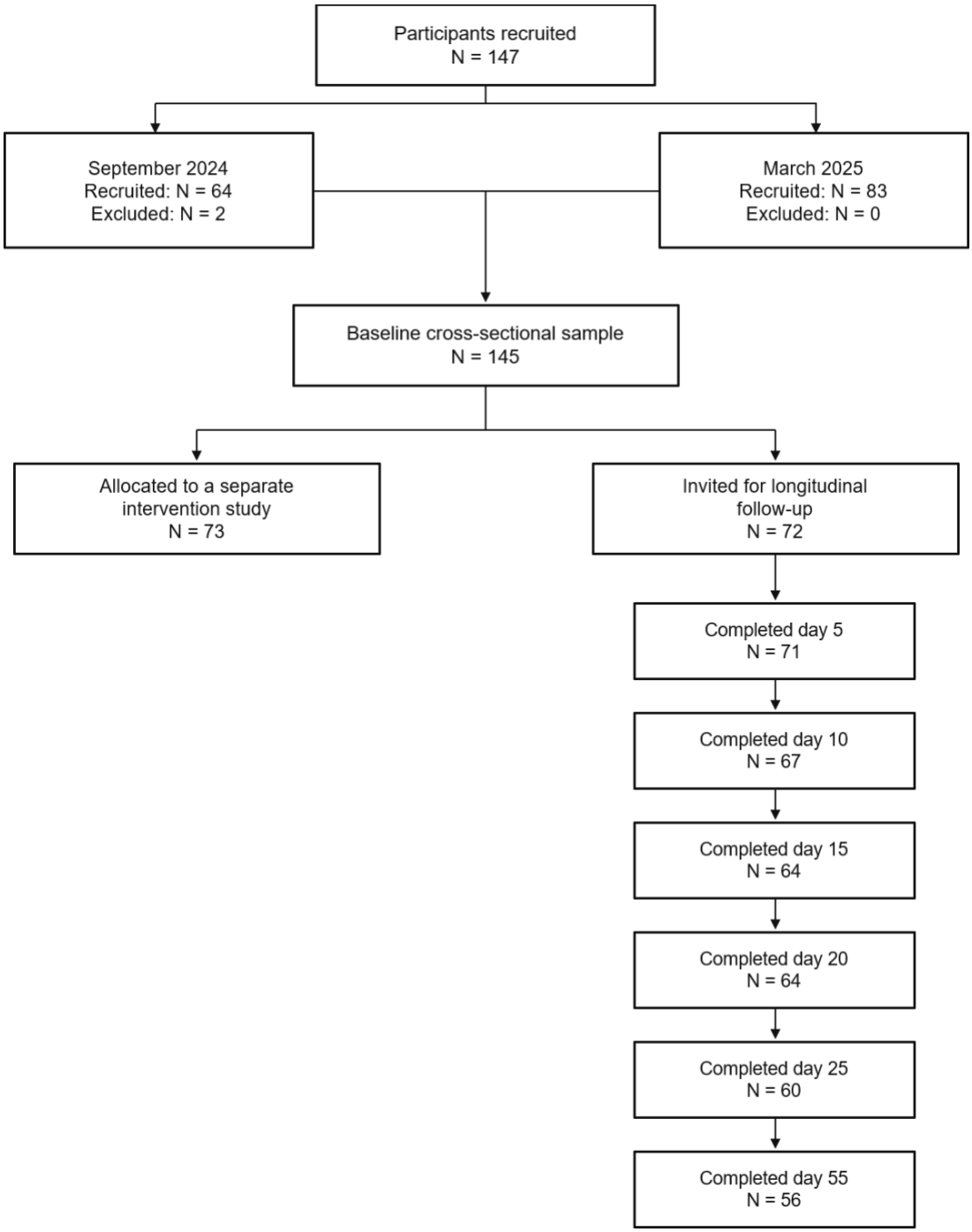


Fig. S1.1. Participants flow diagram for recruitment waves, baseline inclusion and exclusion criteria, and attrition across longitudinal follow-up.

Table S1.1. Characteristics of the study participants and descriptive statistics of their scores in the psycho-behavioral factors.

	Cross-sectional study, baseline assessment (N=145)		Longitudinal study, invited (N=72)		Longitudinal study, completed all assessments (N=56)	
	M±SD	**n(%)**	**M±SD**	**n(%)**	**M±SD**	**n(%)**
Gender						
Male		58(40.0)		31(43.1)		24(42.9)
Female		81(55.9)		41(56.9)		32(57.1)
Non-binary		6(4.1)		0(0.0)		0(0.0)
Age (years)	35.8±11.1		36.5±11.6		36.0±11.3	
Diagnosed health conditions (have formal chronic physical diagnosis)						
No		59(40.7)		29(40.4)		20(35.7)
Yes		86(59.3)		43(59.7)		36(64.3)
Marital status						
Single		70(48.3)		24(33.3)		19(33.9)
Widowed		0(0.0)		0(0.0)		0(0.0)
Separated/Divorced		9(6.2)		7(9.7)		6(10.7)
Married or living common law		66(45.5)		41(56.9)		31(55.4)
Education						
Elementary/grade school		0(0.0)		0(0.0)		0(0.0)
Some high school		2(1.4)		1(1.4)		1(1.8)
High school graduate		11(7.6)		6(8.3)		4(7.1)
Some college/ technical school		26(17.9)		12(16.7)		11(19.6)
Some university		16(11.0)		6(8.3)		5(8.9)
University undergraduate degree		68(46.9)		40(55.6)		31(55.4)
Some post-graduate school		5(3.4)		1(1.4)		1(1.8)
Post-graduate degree		17(11.7)		6(8.3)		3(5.4)
Income						
Less than 25k		15(10.4)		6(8.5)		6(10.9)
25k to less than 50k		22(15.3)		9(12.7)		8(14.5)
50k to less than 75k		32(22.2)		16(22.5)		12(21.8)
75k to less than 100k		26(18.1)		12(16.9)		10(18.2)
100k to less than 1125k		16(11.1)		11(15.5)		6(10.9)
125k+		29(20.1)		16(22.5)		12(21.8)
Prefer not to say		4(2.8)		1(1.4)		1(1.8)
Ethnicity						
American Indian or Alaskan Native		2(1.4)		1(1.4)		1(1.8)
Asian/Pacific Islander		18(12.6)		8(11.3)		6(10.9)
Black or African American		6(4.2)		1(1.4)		0(0.0)
Hispanic		2(1.4)		1(1.4)		1(1.8)
White/Caucasian		103(72.0)		52(73.2)		40(72.2)
Other/ Multiple		12(8.4)		8(11.3)		7(12.7)
Affect balance (SPANE-B)	2.8±7.4		2.6±7.8		2.1±8.1	
Mental resilience (BRS)	2.9±0.8		2.9±0.8		2.9±0.8	
Health anxiety (SHAI)	15.7±6.2		15.9±5.9		16.1±5.9	

Health behavior	0.8±0.3	0.8±0.3	0.8±0.3

Note. All categorical variables were coded from 1 upward, such that 1 represents the lowest category for each variable, and higher values indicate higher levels.

Table S1.2. No significant baseline differences between participants who completed the follow-up assessment and those who did not.

	Completed follow-up (N=56)		Lost to follow-up (N=16)		Difference test
	M±SD	**n(%)**	**M±SD**	**n(%)**	
Gender					
Male		24(42.9)		7(43.8)	*Z*=0.06, *p*=.949, 95% CI [-0.285, 0.267]
Female		32(57.1)		9(56.3)	*Z*=0.06, *p*=.955, 95% CI [-0.267, 0.283]
Age (years)	36.0±11.3		38.4±12.7		t(70)=0.72, *p*=.473
Diagnosed health conditions (have formal chronic physical diagnosis)					
No		20(35.7)		9(56.3)	*Z*=1.48, *p*=.138, 95% CI [-0.480, 0.068]
Yes		36(64.3)		7(43.8)	*Z*=1.47, *p*=.140, 95% CI [-0.069, 0.479]
Marital status					
Single		19(33.9)		5(31.3)	*Z*=0.19, *p*=.846, 95% CI [-0.233, 0.285]
Separated/Divorced		6(10.7)		1(6.3)	*Z*=0.52, *p*=.600, 95% CI [-0.100, 0.188]
Married or living common law		31(55.4)		10(62.5)	*Z*=0.51, *p*=.613, 95% CI [-0.342, 0.200]
Education					
Some high school		1(1.8)		0(0.0)	*Z*=0.54, *p*=.589, 95% CI [-0.017, 0.053]
High school graduate		4(7.1)		2(12.5)	*Z*=0.69, *p*=.490, 95% CI [-0.229, 0.121]
Some college/technical school		11(19.6)		1(6.3)	*Z*=1.26, *p*=.208, 95% CI [-0.025, 0.291]
Some university		5(8.9)		1(6.3)	*Z*=0.33, *p*=.740, 95% CI [-0.114, 0.166]
University undergraduate degree		31(55.4)		9(56.3)	*Z*=0.064, *p*=.949, 95% CI [-0.285, 0.267]
Some post-graduate school		1(1.8)		0(0.0)	*Z*=0.54, *p*=.589, 95% CI [-0.017, 0.053]
Post-graduate degree		3(5.4)		3(18.8)	*Z*=1.71, *p*=.088, 95% CI [-0.334, 0.066]
Income					
Less than 25k		6(10.9)		0(0.0)	*Z*=1.38, *p*=.167, 95% CI [0.027, 0.191]
25k to less than 50k		8(14.5)		1(6.3)	*Z*=0.87, *p*=.385, 95% CI [-0.069, 0.233]
50k to less than 75k		12(21.8)		4(25.0)	*Z*=0.27, *p*=.787, 95% CI [-0.270, 0.206]
75k to less than 100k		10(18.2)		2(12.5)	*Z*=0.54, *p*=.592, 95% CI [-0.134, 0.248]
100k to less than 1125k		6(10.9)		5(31.3)	*Z*=1.99, *p*=.046, 95% CI [-0.445, 0.037]

	125k+	12(21.8)	4(25.0)	Z=0.27, p=.787, 95% CI [-0.270, 0.206]
	Prefer not to say	1(1.8)	0(0.0)	Z=0.54, p=.589, 95% CI [-0.017, 0.053]
Ethnicity				
	American Indian or Alaskan Native	1(1.8)	0(0.0)	Z=0.54, p=.589, 95% CI [-0.017, 0.053]
	Asian/Pacific Islander	6(10.9)	2(12.5)	Z=0.18, p=.858, 95% CI [-0.197, 0.165]
	Black or African American	0(0.0)	1(6.3)	Z=1.89, p=.059, 95% CI [-0.182, 0.056]
	Hispanic	1(1.8)	0(0.0)	Z=0.54, p=.589, 95% CI [-0.017, 0.053]
	White/Caucasian	40(72.2)	12(75.0)	Z=0.22, p=.824, 95% CI [-0.270, 0.214]
	Other/ Multiple	7(12.7)	1(6.3)	Z=0.71, p=.475, 95% CI [-0.084, 0.212]
Affect balance (SPANE-B)		2.1±8.1	4.3±6.8	U=553.5, p=.154
Mental resilience (BRS)		2.9±0.8	3.2±0.7	t(70)=1.30, p=.198
Health anxiety (SHAI)		16.1±5.9	15.2±6.0	U=391.5, p=.447
Health behavior		0.8±0.3	0.9±0.4	U=491.0, p=.565

Note. Where tests of normality indicated deviations from normality (Shapiro-Wilk, p<.05) nonparametric, two-tailed tests were conducted. All remaining proportion comparisons were conducted using chi-square tests and two-tailed Z tests for proportions.

Measures	**BL**	**Day 5**	**Day 10**	**Day 15**	**Day 20**	**Day 25**	**Day 55**
SRH	3.2±0.8	3.2±0.8	3.2±0.8	3.3±0.8	3.2±0.7	3.2±0.7	3.2±0.7
Physical symptoms, past month	10.8±3.6						
Physical symptoms, past 5 days	9±3.7	8.4±3.9	8±4	8±4.6	8±4.7	7.3±4.2	7.7±5

Table S1.3. Means and standard deviations of self-rated health and physical symptoms across study's period.

Note. N=145 for cross-sectional assessed on baseline. For longitudinal assessments: baseline; N=72, day 5; N=71, day 10; N=67, days 15 and 20; N=64, day 25; N=60, day 55; N=56. SRH=self-rated health, BL=baseline.

Section S2: Correlations between SRH, physical symptoms, and covariates, across assessments period

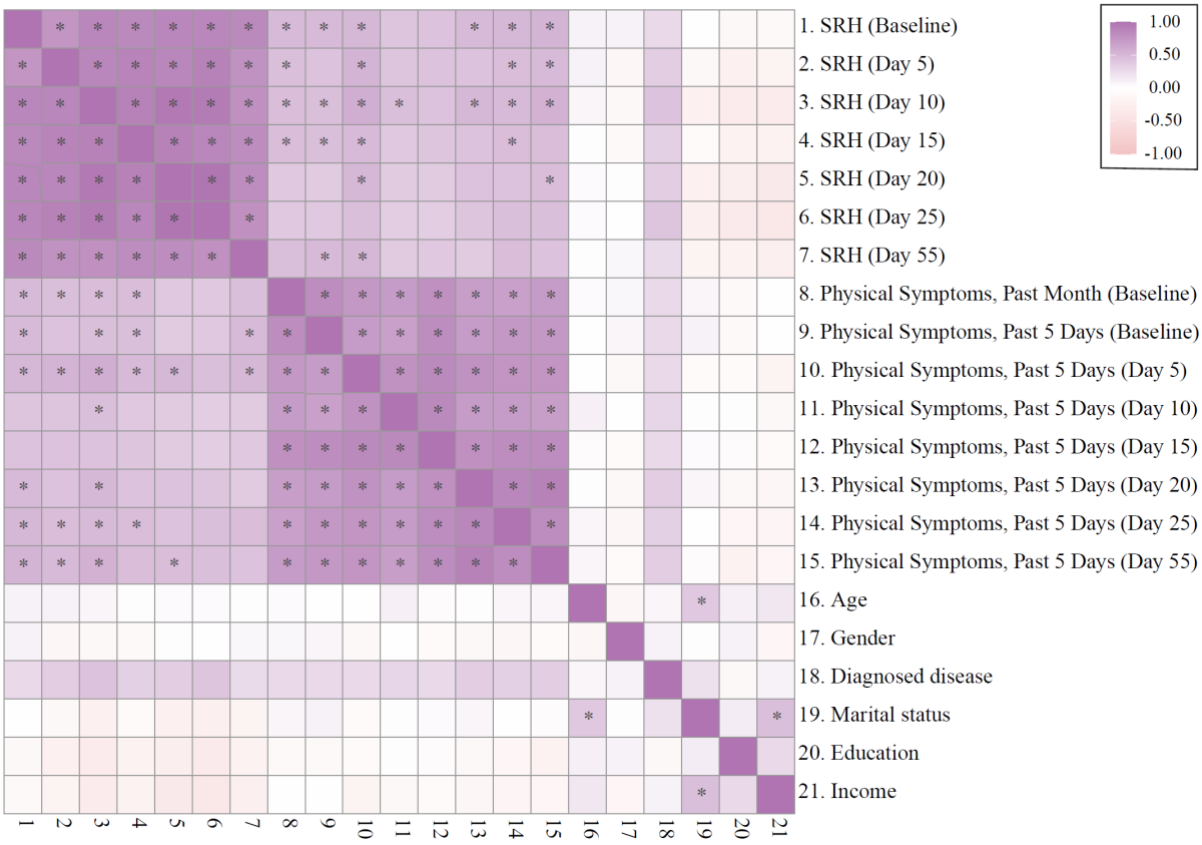


Fig. S2.1. Correlations between self-rated health (SRH), physical symptoms, and covariates, across assessments periods. Spearman's Rho zero-order pairwise correlation matrix. SRH=higher coded as poorer self-evaluation. Bonferroni corrected $p<.00024$. All categorical variables were coded from 1 upward, such that 1 represents the lowest category for each variable, and higher values indicate higher levels. N=145 for cross-sectional assessment. For longitudinal assessments: baseline; N=72, day 5; N=71, day 10; N=67, days 15 and 20; N=64, day 25; N=60, day 55; N=56.

Section S3: Autoregressive Cross-Lagged Panel Model (ARCL), preliminary checks

Model-level tests and power analyses

In the ARCL we aimed to examine whether SRH predicts later physical symptoms at several assessments (Methods). We first ran an Omnibus Wald test to check for an overall effect before looking at each assessment, so that any single significant result would not be due to random chance. The Wald test was significant: $\chi^2(6)=18.19$, $p=.0058$, meaning that SRH reliably predicts physical symptoms across the study period. We then used a likelihood ratio test (LRT) to compare the full model with a restricted model without the SRH-physical symptom paths. This test was also significant, $\chi^2\text{diff}(6)=15.84$, $p=.0146$, confirming that these paths meaningfully improve the model and that the predictive effect of SRH is not driven by isolated findings. Because these model-level tests directly evaluate the hypothesis across all paths, and the paths are not independent, no correction was applied for the ARCL model (Cribbie, 2007).

Given that our longitudinal study included a relatively small sample size (N=72), we followed recent recommendations suggesting that simulation-based power checks provide a more appropriate evaluation than relying solely on large-sample assumptions (Shao et al., 2025). To this end, we conducted Monte Carlo simulations, in which many new datasets are generated from the fitted model, the analysis is repeated on each one, and the proportion of times the expected effects are detected is recorded. This provides a direct and study-specific estimate of statistical power under the study's design. These simulations in days 25 and 55 of assessments showed high power for the overall SRH-physical symptom prediction effect (day 25; N=60: Omnibus power=0.90, day 55; N=56: Omnibus power=0.93), and for the overall SRH-illness behavior prediction effect (day 25; N=60: Omnibus power=0.83, day 55; N=56: Omnibus power=0.79). Together, these results indicate that our study was well-powered to detect the overall effect of SRH on physical symptoms and illness behavior.

Auto-regressive cross-lagged results for SRH and physical symptoms

Table S3.1. Auto-regressive cross-lagged panels between SRH and physical symptoms experienced over the past 5-days, for 5-20 days assessments.

Predictor \Outcome	SRH, day 5	SRH, day 10	SRH, day 15	SRH, day 20	Physical symptoms, day 5	Physical symptoms, day 10	Physical symptoms, day 15	Physical symptoms, day 20
SRH, BL	0.80 *p*<.001	0.88 *p*<.001	0.85 *p*<.001	0.91 *p*<.001	0.17 *p*=.083	0.05 *p*=.579	0.07 *p*=.390	0.17 *p*=.069
Physical sympto-ms, BL	-0.03 *p*=.707	-0.04 *p*=.562	-0.03 *p*=.749	-0.11 *p*=.142	0.65 *p*<.001	0.74 *p*<.001	0.81 *p*<.001	0.65 *p*<.001

Age	-0.03 *p*=.648	-0.01 *p*=.924	-0.08 *p*=.246	-0.04 *p*=.544	-0.01 *p*=.897	0.12 *p*=.157	-0.06 *p*=.423	-0.02 *p*=.820
Gender	-0.10 *p*=.181	-0.11 *p*=.064	-0.09 *p*=.193	-0.03 *p*=.605	0.002 *p*=.981	0.05 *p*=.542	0.04 *p*=.566	0.003 *p*=.974
Diagnos-ed health conditio-ns	0.13 *p*=.098	0.18 *p*=.004	0.09 *p*=.222	0.10 *p*=.177	0.01 *p*=.889	0.01 *p*=.939	-0.07 *p*=.349	0.03 *p*=.742

Note. SRH=self-rated health (poorer=higher scores). BL=baseline. N=72.

Auto-regressive cross-lagged models fit

Model fit for the physical symptom ARCL models was: $\chi^2(6)=11.05$, $p=.087$, RMSEA=.108, 95% CI [.000, .207], CFI=.96, SRMR=.10, and for the illness behavior ARCL models: $\chi^2(6)=10.24$, $p=.115$, RMSEA=.099, 95% CI [.000, .200], CFI=.95, SRMR=.08-.09. N=72.

Section S4: Cross-sectional association between SRH and physical symptoms experienced over the past month

The cross-sectional hierarchical linear regressions with physical symptoms as the outcome (assessed at baseline for the past 5 days) showed that SRH was strongly associated with physical symptoms, above and beyond demographics, diagnosed health conditions, and socio-economic factors of social support, education, and financial status (main text; Table 1, step 3, Fig 1). To test whether the association between SRH and physical symptoms extends beyond a 5-day recall window, we conducted the same hierarchical regression using an outcome measure of symptoms experienced over the past month. The pattern of results was similar (β=0.4, p<.001, $\Delta R^2_{adjusted}$=17.5%; Table S4.1, step 3, Fig S4.1).

Table S4.1. SRH is strongly associated, cross-sectionally, with physical symptoms experienced over the past month, above and beyond demographics, diagnosed health conditions, and socioeconomic factors.

Model step	Variables	*Beta* estimates	β (95% CI)	*p*
1	Age		0.043 (−0.120, 0.206)	.604
	Gender		0.050 (−0.114, 0.214)	.545
	Diagnosed health conditions		0.263 (0.102, 0.424)	.002
2	Age		0.050 (−0.125, 0.225)	.573
	Gender		0.047 (−0.120, 0.214)	.579
	Diagnosed health conditions		0.265 (0.094, 0.435)	.003
	Marital status		0.014 (−0.180, 0.208)	.880
	Education		−0.072 (−0.236, 0.092)	.386
	Income		−0.091 (−0.209, 0.077)	.286
3	Age		−0.005 (−0.151, 0.142)	.950
	Gender		−0.016 (−0.169, 0.137)	.839
	Diagnosed health conditions		0.153 (−0.006, 0.312)	.059
	Marital status		0.058 (−0.107, 0.223)	.489
	Education		−0.019 (−0.177, 0.137)	.804
	Income		−0.129 (−0.209, 0.023)	.097
	SRH (BL)		0.445 (0.290, 0.601)	<.001
		−0.2 0.0 0.2 0.4 0.6		

Note. Cross-sectional hierarchical regression for baseline measurement, with physical symptoms experienced over the past month as an outcome**.** Age, gender, and diagnosed health conditions were entered at step 1, socio-economic factors at step 2, with self-rated health (SRH) at step 3. The forest plot presents standardized *Betas* (dots; larger size indicate stronger *Beta*), and their confidence interval (CI, lines) for each predictor in the regression models. Variables whose CI cross the dashed vertical line at zero are not statistically significant. The corresponding numeric values, and *p*-values are shown to the right of the plot. Higher SRH was coded as poorer self-evaluation. Standardized variables. BL=baseline. N=145.

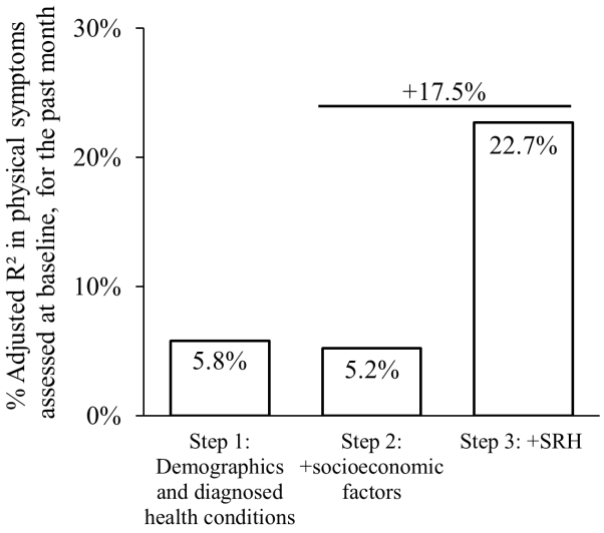


Fig.S4.1. Contribution of SRH to percentage of adjusted variance explained in physical symptoms (cross-sectional), beyond demographics, diagnosed health conditions, and socioeconomic factors. Self-rated health (SRH) significantly contributes to the total adjusted variance explained in physical symptoms experienced over the past month assessed on baseline. The y-axis is the % adjusted R^2 for each model in the hierarchical regression analysis. The x-axis are model steps of regression. The black connector line is the increase in adjusted explained variance where SRH was entered to the model at step 3.

Section S5: Psycho-behavioral moderators of the self-rated health-physical symptoms prospective associations, days 25 and 55 assessments – exploratory analyses

To examine whether psycho-behavioral factors moderated the prospective association between SRH and physical symptoms, we conducted exploratory hierarchical regression analyses at days 25 and 55, i.e., the timepoints showing significant SRH-symptom prospective associations. For each timepoint, four separate models were estimated (one per moderator: health behavior, affect, health anxiety, and mental resilience), entering covariates at Step 1, SRH at Step 2, the moderator at Step 3, and the SRH × moderator interaction at Step 4 (See Main text; Measures, Data Analyses).

Exploratory moderation analyses showed that mental resilience significantly moderated the association between baseline SRH and physical symptoms on day 25, β =-.22, p=.004, 95% CI [-.34,-.07]. Specifically, the prospective association between poorer SRH and greater physical symptoms was stronger at lower levels of mental resilience. No other SRH × psycho-behavioral moderator interactions were significant for day-25 or day-55 physical symptoms, p's≥.084. Tables S5.1-S5.2.

Table S5.1. Hierarchical moderation models predicting physical symptoms on day 25.

Step	Moderator	Variable	R^2	β	*p* (95% CI)
1			.551		
		Age		.094	.297 (-.082, .270)
		Gender		-.012	.890 (-.189, .164)
		Diagnosed health conditions		.027	.775 (-.158, .212)
		Baseline physical symptoms		**.711**	**< .001 (.531, .890)**
2			**.604**		
		Age		.076	.374 (-.091, .243)
		Gender		-.020	.810 (-.187, .146)
		Diagnosed health conditions		-.012	.892 (-.189, .165)
		Baseline physical symptoms		.598	< .001 (.410, .787)
		SRH		**.249**	**.007 (.067, .432)**
3A	**Affect balance**		**.604**		
		Age		.073	.390 (-.094, .240)
		Gender		-.010	.906 (-.182, .161)
		Diagnosed health conditions		-.018	.842 (-.197, .160)
		Baseline physical symptoms		.592	< .001 (.402, .782)
		SRH		.244	.009 (.061, .428)
		Affect balance		-.040	.640 (-.208, .128)
4A	**Affect balance**		**.617**		
		Age		.078	.347 (-.085, .241)
		Gender		-.001	.989 (-.169, .167)
		Diagnosed health conditions		-.013	.880 (-.188, .161)
		Baseline physical symptoms		.582	< .001 (.396, .767)
		SRH		.232	.011 (.053, .412)
		Affect balance		-.027	.752 (-.191, .138)
		SRH x Affect balance		-.098	.084 (-.208, .013)

3B	**Health anxiety**	**.604**		
	Age		.078	.379 (-.095, .251)
	Gender		-.021	.807 (-.188, .146)
	Diagnosed health conditions		-.014	.880 (-.196, .168)
	Baseline physical symptoms		.596	< .001 (.403, .790)
	SRH		.249	.008 (.066, .432)
	Health anxiety		.008	.931 (-.175, .191)
4B	**Health anxiety**	**.616**		
	Age		.064	.465 (-.107, .234)
	Gender		-.059	.500 (-.229, .112)
	Diagnosed health conditions		.017	.857 (-.166, .199)
	Baseline physical symptoms		.617	< .001 (.426, .809)
	SRH		.236	.010 (.056, .416)
	Health anxiety		-.022	.816 (-.205, .162)
	SRH x Health anxiety		.152	.118 (-.039, .344)
3C	**Mental resilience**	**.607**		
	Age		.079	.354 (-.088, .245)
	Gender		-.012	.885 (-.179, .155)
	Diagnosed health conditions		-.024	.791 (-.203, .155)
	Baseline physical symptoms		.603	< .001 (.415, .791)
	SRH		.234	.013 (.049, .420)
	Mental resilience		-.063	.445 (-.226, .099)
4C	**Mental resilience**	**.652**		
	Age		.058	.468 (-.098, .214)
	Gender		-.010	.899 (-.167, .146)
	Diagnosed health conditions		.000	.998 (-.169, .168)
	Baseline physical symptoms		.546	< .001 (.366, .726)
	SRH		.259	.004 (.084, .433)
	Mental resilience		-.082	.294 (-.234, .071)
	SRH x Mental resilience		-.204	.004 (-.341, -.067)
3D	**Health behavior**	**.606**		
	Age		.094	.282 (-.077, .265)
	Gender		-.029	.731 (-.196, .138)
	Diagnosed health conditions		-.016	.859 (-.192, .160)
	Baseline physical symptoms		.578	< .001 (.385, .771)
	SRH		.269	.005 (.082, .455)
	Health behaviors		.080	.396 (-.104, .264)
4D	**Health behavior**	**.631**		
	Age		.105	.223 (-.064, .274)
	Gender		-.042	.615 (-.207, .123)
	Diagnosed health conditions		-.021	.815 (-.194, .153)
	Baseline physical symptoms		.578	< .001 (.389, .768)
	SRH		.273	.004 (.089, .456)
	Health behavior		.014	.892 (-.187, .215)
	SRH x Health behavior		.116	.142 (-.039, .272)

Note. Four separate linear hierarchical regression models were performed, with physical symptoms experienced over the past 5 days and assessed on day 25 as the outcome variable. In each model, demographics, diagnosed health conditions, and baseline physical symptoms were entered first, followed by baseline self-rated health (SRH; poorer health = higher scores), and then by one psycho-behavioral factor assessed at baseline: affect balance (SPANE-B), health anxiety (SHAI), mental resilience (BRS), or health behavior. In the final step, the interaction between SRH and the psycho-behavioral factor was entered. Moderators were included as continuous variables. Variables were standardized prior to analysis. Models were estimated in *Lavaan* using full-information maximum likelihood (FIML), allowing all participants with available data to contribute to parameter estimation. N=72.

Table S5.2. Hierarchical moderation models predicting physical symptoms on day 55.

Step	Moderator	Variable	R^2	β	*p* (95% CI)
1			.508		
		Age		.057	.571 (-.139, .253)
		Gender		.064	.515 (-.129, .257)
		Diagnosed health conditions		-.039	.707 (-.244, .165)
		Baseline physical symptoms		**.708**	**< .001 (.520, .896)**
2			**.545**		
		Age		.026	.792 (-.166, .217)
		Gender		.044	.649 (-.144, .231)
		Diagnosed health conditions		-.056	.582 (-.254, .142)
		Baseline physical symptoms		.608	< .001 (.402, .814)
		SRH		**.209**	**.044 (.006, .413)**
3A	**Affect balance**		**.545**		
		Age		.026	.792 (-.166, .217)
		Gender		.044	.663 (-.152, .239)
		Diagnosed health conditions		-.056	.589 (-.257, .146)
		Baseline physical symptoms		.608	< .001 (.402, .814)
		SRH		.209	.047 (.002, .416)
		Affect balance		.000	1.000 (-.191, .191)
4A	**Affect balance**		**.547**		
		Age		.027	.782 (-.165, .219)
		Gender		.044	.663 (-.152, .239)
		Diagnosed health conditions		-.058	.575 (-.260, .145)
		Baseline physical symptoms		.611	< .001 (.403, .818)
		SRH		.210	.047 (.003, .417)
		Affect balance		-.005	.957 (-.201, .190)
		SRH x Affect balance		.016	.805 (-.113, .146)
3B	**Health anxiety**		**.604**		
		Age		.110	.248 (-.077, .296)
		Gender		.035	.691 (-.139, .210)
		Diagnosed health conditions		-.110	.250 (-.297, .077)
		Baseline physical symptoms		.535	< .001 (.338, .732)
		SRH		.191	.048 (.002, .380)
		Health anxiety		**.283**	**.003 (.097, .469)**
4B	**Health anxiety**		**.613**		
		Age		.093	.323 (-.091, .276)
		Gender		.000	.999 (-.176, .176)
		Diagnosed health conditions		-.083	.384 (-.269, .104)
		Baseline physical symptoms		.568	< .001 (.371, .764)
		SRH		.167	.080 (-.020, .355)
		Health anxiety		.241	.012 (.052, .431)
		SRH x Health anxiety		.162	.116 (-.040, .363)
3C	**Mental resilience**		**.568**		
		Age		.036	.708 (-.151, .223)
		Gender		.061	.518 (-.123, .245)
		Diagnosed health conditions		-.085	.398 (-.281, .111)
		Baseline physical symptoms		.625	< .001 (.423, .826)
		SRH		.171	.100 (-.032, .374)
		Mental resilience		-.149	.092 (-.322, .024)
4C	**Mental resilience**		**.572**		
		Age		.026	.789 (-.161, .212)
		Gender		.062	.507 (-.121, .245)
		Diagnosed health conditions		-.075	.455 (-.270, .121)
		Baseline physical symptoms		.602	< .001 (.396, .807)
		SRH		.181	.080 (-.022, .383)
		Mental resilience		-.152	.082 (-.324, .019)

		SRH x Mental resilience	-.077	.334 (-.233, .079)
3D	**Health behavior**	**.549**		
		Age	.016	.873 (-.180, .212)
		Gender	.050	.608 (-.140, .239)
		Diagnosed health conditions	-.054	.590 (-.252, .143)
		Baseline physical symptoms	.619	< .001 (.408, .830)
		SRH	.198	.063 (-.011, .407)
		Health behavior	-.046	.646 (-.243, .151)
4D	**Health behavior**	**.555**		
		Age	.021	.837 (-.176, .218)
		Gender	.047	.626 (-.142, .236)
		Diagnosed health conditions	-.057	.574 (-.255, .141)
		Baseline physical symptoms	.620	< .001 (.409, .830)
		SRH	.199	.062 (-.010, .407)
		Health behavior	-.065	.562 (-.286, .155)
		SRH x Health behavior	.033	.708 (-.138, .204)

Note. Four separate linear hierarchical regression models were performed, with physical symptoms experienced over the past 5 days and assessed on day 55 as the outcome variable. In each model, demographics, diagnosed health conditions, and baseline physical symptoms were entered first, followed by baseline self-rated health (SRH; poorer health = higher scores), and then by one psycho-behavioral factor assessed at baseline: affect balance (SPANE-B), health anxiety (SHAI), mental resilience (BRS), or health behavior. In the final step, the interaction between SRH and the psycho-behavioral factor was entered. Moderators were included as continuous variables. Variables were standardized prior to analysis. Models were estimated in *Lavaan* using full-information maximum likelihood (FIML), allowing all participants with available data to contribute to parameter estimation. N=72.

Post hoc simple-slope power analyses using the FIML analytic sample size (N=72) showed adequate power for the Day-25 mental resilience moderation model, 83.6%, and moderate power for the Day-25 affect balance model, 75.4%. Power was lower for the remaining moderation models, ranging from 6.5% to 47.3%. Table S5.3.

Table S5.3. Post hoc simple slope power analyses for exploratory moderation models of the association between baseline SRH and physical symptoms on days 25 and 55.

Outcome	Moderator	Power
Physical symptoms Day 25	**Affect balance**	**.754**
	Health anxiety	.065
	Mental resilience	**.836**
	Health behavior	.237
Physical symptoms Day 55	Affect balance	.162
	Health anxiety	.253
	Mental resilience	.473
	Health behavior	.068

Note. Continuous variables. Power analyses were conducted using InteractionPoweR, with baseline SRH specified as X1, each psycho-behavioral moderator as X2, and physical symptoms at day 25 or day 55 as Y. Power analyses were conducted using the FIML analytic sample size. Affect balance; SPANE-B, health anxiety; SHAI, mental resilience; BRS (Main text; Measures). N=72.

Section S6: Health events during longitudinal follow-up

To monitor potential changes in health status over the course of the study, participants were asked at each follow-up assessment whether they had experienced a significant event affecting their health during the preceding interval. Overall, such events were relatively uncommon, ranging from approximately 5% to 15% of participants across assessment points (Table S6.1).

Table S6.1. Participants reporting a significant health event during each follow-up assessment.

Assessment	N responding	Participants reporting a significant health event, n (%)
Day 5	71	8 (11.3%)
Day 10	67	10 (14.9%)
Day 15	64	3 (4.7%)
Day 20	64	7 (10.9%)
Day 25	60	3 (5.0%)
Day 55	56	6 (10.7%)