Table S1. Comparison of LIS–PHQ-9 interaction models using continuous and categorical PHQ-9

Variable	PHQ-9 (continuous)	PHQ-9 ≥10 (binary)
PHQ-9 (continuous)	−0.0109*** (0.0002)	-
LIS	−0.0025*** (0.0003)	−0.0062*** (0.0002)
PHQ-9 ≥10 (binary)	-	−0.1183*** (0.0026)
LIS×PHQ-9	−0.0016*** (0.0001)	-
LIS×PHQ-9 ≥10	-	−0.0173*** (0.0025)
PSQI quality	−0.0133*** (0.0006)	−0.0322*** (0.0006)
Sex	−0.0134*** (0.0005)	−0.0169*** (0.0005)
Age	−0.0287*** (0.0003)	−0.0290*** (0.0004)
Monthly household income	0.0199*** (0.0005)	0.0229*** (0.0005)
Unmet medical need	−0.0264*** (0.0015)	−0.0338*** (0.0015)
Stress	−0.0091*** (0.0006)	−0.0245*** (0.0006)
Hypertension	−0.0067*** (0.0007)	−0.0071*** (0.0007)
Diabetes	−0.0096*** (0.0009)	−0.0119*** (0.0010)
R^2	0.3214	0.3128

Data are presented as β coefficients with standard errors in parentheses. The outcome variable was the EQ-5D index. Continuous PHQ-9 was modeled as a continuous variable, and categorical PHQ-9 was defined using a cutoff of ≥10. Both models included an interaction term between LIS and PHQ-9 and were adjusted for sex, age, monthly household income, unmet medical need, stress, PSQI, hypertension, and diabetes, accounting for the complex survey design. "-" indicates that the variable was not included in the corresponding model.

LIS, lifestyle inflammation score; PHQ-9, Patient Health Questionnaire-9; PSQI, Pittsburgh sleep quality index; EQ-5D, EuroQol-5 Dimensions.

***$p < 0.001$.