STROBE Checklist — Case–Control Study (Completed)

Depressive and Anxiety Symptoms Predict Health-Related Quality of Life More Than Cognitive Impairment After Minor Stroke or Transient Ischemic Attack: A Hierarchical Regression Analysis

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Section/Item	Nº	STROBE recommendation	Where in the manuscript
Title/Abstract	1	(a) Indicate the study design with a commonly used term in the title or abstract; (b) Provide an informative, balanced summary of methods and findings.	Title ("…Case–Control Study"); Abstract (structured IMRaD).
Introduction	2	Background/rationale: explain scientific context and rationale.	Introduction, paragraphs 1–4.
	3	Objectives: state specific aims/prespecified hypotheses.	Introduction, final paragraph (study aims).
Methods	4	Study design: present key elements early.	Methods – Study Design and Participants ("single-center, prospective, observational case–control").
	5	Setting: locations, relevant dates; recruitment and assessment windows.	Methods – Neuroimaging Acquisition (acute MRI; mean 1.3 ± 0.8 days post-event) and Assessments at 90 ± 14 days; recruiting hospital(s).
	6	Participants: eligibility, sources/methods of case ascertainment and control selection; rationale; (b) matching criteria and number of controls per case if applicable.	Methods – Study Design and Participants (18–70 y; TIA/minor stroke NIHSS ≤ 4; DWI-confirmed; age-matched controls; exclusions: prior dementia, pre-morbid mRS > 1, non-Spanish speakers).
	7	Variables: clearly define outcomes, exposures, predictors, potential confounders/effect modifiers; diagnostic criteria.	Methods – Psychopathological, Cognitive, and HRQoL Assessment (HDRS-17, HAM-A, MoCA, EQ-5D-5L; cut-offs); Neuroimaging variables; clinical covariates (age, sex, mRS, social risk).
	8	Data sources/measurement: sources and details of assessment methods; comparability between groups.	Methods – Assessments at 90 ± 14 days (trained, blinded evaluators; standardized protocol); Neuroimaging (1.5 T sequences, blinded neuroradiologists); EQ-5D-5L Spanish value set
	9	Bias: describe efforts to address potential sources of bias.	Methods – Blinding/Training; age-matching for controls; multiplicity control (FDR), HC3 robust SEs, beta-regression sensitivity.
	10	Study size: explain how size was arrived at.	Methods – Regression Modeling ($\approx 10{:}1$ participants:predictors); Limitations (post-hoc power $1 - \beta = 0.84$).
	11	Quantitative variables: how handled; groupings and rationale.	Methods – Regression Modeling (z-scoring; binary coding 0/1); cut-offs for HDRS-17, HAM-A, MoCA; EQ-5D-5L utilities.
	12	Statistical methods: (a) all methods incl. confounding control; (b) subgroups/interactions; (c) missing data; (d) matching; (e) sensitivity analyses.	Methods – Statistical Analysis (t/Mann–Whitney/χ^2/Fisher; Cohen's d, OR with 95% CI; Pearson/Spearman; hierarchical multiple regression with ΔR^2 and incremental F; mediation via PROCESS v3.5, 5,000 BCa; handling of one missing EQ-5D-5L; HC3 & beta-regression sensitivity).

Results	13	Participants: numbers at each stage; reasons for non-participation; consider flow diagram.	Results – Sample Characteristics (N = 182; 90 cases/92 controls; n = 89 in regression due to one EQ-5D missing). Optional flow diagram in Supplement.
	14	Descriptive data: characteristics of participants; exposures/confounders; missing data.	Table 1 (baseline); Results – Sample Characteristics; Table S1 (group contrasts and ORs); note on missing EQ-5D-5L in regression set.
	15	Outcome data: numbers/summaries per group.	Results – Psychopathological, Cognitive, and HRQoL; Figure 1 & Table S1.
	16	Main results: estimates with precision (e.g., 95% CI); adjusted and unadjusted; report category boundaries when categorizing continuous variables.	Results – Regression (Models 1–3; R^2/ΔR^2/p; coefficients in Table 3, Table S5); category thresholds for HDRS-17/HAM-A/MoCA.
	17	Other analyses: subgroups/interactions; sensitivity analyses.	Sex-stratified analysis (Figure S1 Panel C; Table S1 sex block); sensitivity (Tables S6–S7); mediation (Tables S3A–S3B; Figure 3).
Discussion	18	Key results summarized with respect to objectives.	Discussion – Principal Findings.
	19	Limitations: discuss sources of potential bias/precision; direction/magnitude.	Discussion – Limitations (case–control/single time point; measures; unmeasured confounding incl. medications/fatigue; generalizability).
	20	Interpretation: cautious overall interpretation considering objectives, limitations, multiplicity, results from similar studies, and other evidence.	Discussion – Comparison with Prior Work / Mechanisms / Implications.
	21	Generalisability (external validity).	Discussion –