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SUPPLEMENTARY MATERIAL

The first set of analyses was designed to assess the role of generalized self-efficacy and perfectionism in predicting mental health outcomes. The Durbin-Watson test for autocorrelation was 1.8, which is acceptable. VIF collinearity statistics ranged from 1.37 to 1.80, suggesting no significant autocorrelations among the variables. There were no observations indicating significant outlier values within the sample (Cook's distance $M = 0.003$ and max. $= 0.07$). Thus the variables met assumptions of linear regression. Perfectionism and generalized self-efficacy were found to be robust predictors of mental health. According to multiple regression analyses, maladaptive perfectionism ($\beta = .47$, $B = .07$, $t(291) = 9.17$, $p < .001$) and generalized self-efficacy ($\beta = -.29$, $B = -.22$, $t(291) = -5.16$, $p < .001$) were significant predictors of anxiety ($R^2 = .43$, $F(3, 291) = 73.05$, $p < .001$), and they accounted for 43% of the variance in the participants' level of anxiety in our regression model. In predicting anxiety, adaptive perfectionism was not significant ($\beta = .08$, $B = .03$, $t(291) = 1.51$, $p = .132$). Similarly, maladaptive perfectionism ($\beta = .49$, $B = .06$, $t(291) = 9.19$, $p < .001$) and generalized self-efficacy ($\beta = -.32$, $B = -.23$, $t(291) = -5.16$, $p < .001$) allow to predict levels of depression symptoms ($R^2 = .53$, $F(3, 291) = 109.41$, $p < .001$), whereas adaptive perfectionism was not found to be a significant predictor of depression ($\beta = -.06$, $B = -.02$, $t(291) = -1.25$, $p = .210$).

The second set of analyses aimed to verify whether health behaviors significantly predict mental health outcomes. In predicting anxiety using general health behaviors and preventive practices the criteria for linear regressions were met (Durbin-Watson statistic was 1.98, VIF collinearity statistics for predictors were both 2.71, and Cook's distance did not exceed 0.3 at the maximum point). Health variables were found to be significant predictors of anxiety ($R^2 = .24$, $F(2, 292) = 46.07$, $p < .001$). The effect of total health behavior on anxiety ($\beta = -.78$, $B = -.29$, $t(292) = -9.35$, $p < .001$) was negative, whereas the effect of preventive practices on anxiety was positive ($\beta = .51$, $B = .50$, $t(292) = 6.12$, $p < .001$). Also, in predicting depression with health behavior variables initial assumption checks met the criteria for linear regression (Durbin-Watson statistic was 1.8, VIF collinearity statistics for predictors were both 1.39, and Cook's distance did not exceed 0.7 at the maximum point). The total health behaviors score ($\beta = -.83$, $B = -.29$, $t(292) = -10.57$, $p < .001$) was a significant negative predictor of depression, whereas the effect of preventive practices on depression was positive ($\beta = .40$, $B = .37$, $t(292) = 5.09$, $p < .001$; $R^2 = .33$, $F(2, 292) = 70.79$, $p < .001$).

In the third set of analyses we wanted to verify whether dispositional traits predict health behaviors. Linear regression assumptions were met both for predicting general health behaviors with dispositional variables (Durbin-Watson statistic was 1.8, VIF collinearity statistics for predictors were both 1.39, and Cook's distance did not exceed 0.7 at the maximum point) and in predicting preventive practices (Durbin-Watson statistic was 2.19, VIF collinearity statistics for predictors were in the range 1.37-1.8, and the highest Cook's distance value did not exceed 0.3). A significant equation was found for the total of health behaviors ($R^2 = .24$, $F(3, 291) = 30.94$, $p < .001$) being predicted by maladaptive perfectionism ($\beta = -.26$, $B = -.09$, $t(291) = -4.37$, $p < .001$) and generalized self-efficacy ($\beta = .27$, $B = .54$, $t(291) = 3.89$, $p < .001$). Adaptive perfectionism was not significant in predicting total health behaviors ($\beta = .08$, $B = .08$, $t(291) = 1.42$, $p = .157$). In the prediction of preventive practices, both adaptive perfectionism ($\beta = -.15$, $B = -.04$, $t(291) = -2.25$, $p = .024$) and maladaptive perfectionism ($\beta = -.13$, $B = -.01$, $t(291) = -2.00$, $p = .045$) were significant ($R^2 = .05$, $F(3, 291) = 5.27$, $p = .001$), whereas generalized self-efficacy was not ($\beta = .13$, $B = .07$, $t(291) = 1.64$, $p = .101$).