Response to Reviewer 1

We would like to sincerely thank the Reviewer for the thorough evaluation of our manuscript and for the insightful and constructive comments. We greatly appreciate the time and effort invested in improving the quality and clarity of our paper. All suggestions have been carefully considered, and the manuscript has been revised accordingly. Below, we provide detailed responses to each comment. Are changes in manuscript are made in red.

1. It must be clarified the timing of the clinical assessments during the hospitalization. It is unclear if a standardized protocol was followed, or if measurements were taken at different time points for each patient. For example: was the data collected after diuretic ingestion?

Response:
Thank you for this important comment. We have clarified this issue in the Methods section. All assessments were conducted on the day of the patient's discharge, after clinical stabilization. This ensured consistency in the timing of measurements across participants and minimized the potential influence of acute clinical fluctuations, including recent pharmacological interventions.

2. The Results section must be rewritten. There are too many tables, and the results lack a clear connection between them; additionally, the presentation fails to follow standard formatting. Reordering the results is necessary to ensure a logical progression that guides the reader through the study's findings.

Response:
We appreciate this valuable suggestion. The Results section has been substantially revised to improve clarity, coherence, and logical flow. The number of tables has been reduced, and the presentation of results has been reorganized to better guide the reader through the key findings.

3. Provide the full term for the abbreviation PLN.

Response:
The abbreviation has been clarified in the manuscript as "Polish złoty (PLN)".

4. To improve readability, any tables containing only one or two variables should be converted into descriptive text within the main body. (Tables: 4, 5, 6, 8, 9)

Response:
In accordance with the Reviewer's suggestion, we have removed Tables 4, 5, 6, 8, 9 and incorporated the corresponding results into the main text of the Results section to improve readability and conciseness.

5. Variables must be expressed as mean ± SD or median and 95% CI/IQR/range, depending on the distribution, but not both.

Response:
After careful consideration and consultation with a statistician, we decided to retain both mean ± SD and median values in the tables. This approach was adopted to facilitate comparability with previously published studies in this field, where mean values are still frequently reported, even for non-normally distributed data. At the same time, all inferential analyses were conducted using appropriate non-parametric methods, consistent with the data distribution.

6. Mean and median are not abbreviated in the tables so is not necessary to include M for mean and Me for median in the legends.

Response:
The table legends have been revised, and unnecessary abbreviations have been removed to improve clarity.

7. The content labeled as Figure 1 corresponds to Figure 2, and vice versa.

Response:
The figure captions have been corrected accordingly.

8. Translate to English: *Ocena stanu odżywiania*.

Response:
This has been corrected in the revised manuscript.

7. Table 7 presentation must be improved. Also, a narrative bridge explaining the rationale for correlating MNA and BMI with laboratory markers is required.

Response:
Table 7 has been revised to improve clarity and readability, including a simplified structure, grouping of variables, and clearer presentation of correlation coefficients and p-values.

8. Redo Table 10 using standard regression nomenclature. The terms 'trait' and 'parameter' should be replaced with Independent Variables and B (unstandardized coefficient), respectively since, according to the text, the coefficient is related to the variables' original units. Ensure this change is reflected in the Abstract as well. Furthermore, the Coefficient of Determination (R^2) should be reported. Finally, the authors must provide the Variance Inflation Factor (VIF) to assess potential multicollinearity among the predictors.

Response:
Table 10 has been revised in accordance with standard regression reporting guidelines. To address potential multicollinearity, we calculated the Variance Inflation Factor (VIF) for all predictors. The VIF values ranged from 1.096 to 1.177, indicating no evidence of multicollinearity among the independent variables.

Independent variable	VIF
9-EHFScBS	1.163
NT-proBNP [1000 pg/ml]	1.120
Hgb [g/dl]	1.103
Number of chronic comorbidities	1.138
NYHA	1.177
BMI [kg/m²]	1.096