

Supplemental Information

DATA MANAGEMENT

All survey data were entered electronically by parents via an Internet-based submission form. Electronic consent was obtained from participating families. Skipped questions or responses of “do not know” were recorded as missing. Those individuals without complete data were excluded from analyses.

DATA ANALYSIS

Analyses were performed by using Stata/IC version 13.1 (StataCorp, College Station, TX). For group comparisons, statistics were calculated by using a χ^2 test for categorical variables and a t

test for continuous variables. A P value of $<.05$ was considered statistically significant. Effect sizes for statistically significant results were calculated by using phi after a χ^2 test and Cohen's d after a t test. Per statistical guidelines for Cohen's d , effect size thresholds were set as follows: small 0.2, moderate 0.5, large 0.8, and very large 1.3. Similarly, per statistical guidelines for phi, effect size thresholds were set as follows: small 0.1, moderate 0.3, and large 0.5.⁵¹ Relative risk was calculated by using a GLM and controlling for age, sex, race, ethnicity, and ID.

In addition to analysis of age as a continuous variable, children were also subdivided into 2 groups on

the basis of age (school-aged [6–11 years] and adolescent [12–17 years]) to examine differences in school-aged and adolescent populations, reflecting clinical practice perspective. For subgroup analyses by age, relative risk was calculated with a GLM by controlling sex, race, ethnicity, and ID. Given that a higher SRS-Parent Report total raw score was strongly associated with the presence of anxiety, mood disorders, ADHD, and ID, the SRS total score was excluded from the GLM because of multicollinearity.

SUPPLEMENTAL REFERENCES

51. Cohen J. *Statistical Power Analysis for the Behavioral Sciences*. Abingdon, UK: Routledge; 2013