Figure S1. Significant associations of childhood suicidal thoughts and behavior (STBs) with adult outcomes (a. any STBs; b. suicide attempts) moderated by sex.

Figure S2. Significant associations of childhood ideation only with adult outcomes (a. any suicidal thoughts and behavior [STB]; b. suicide attempts) moderated by childhood depression.

SUPPLEMENT 1

Childhood Covariates

Psychiatric disorders. Psychiatric disorders were assessed using the structured Child and Adolescent Psychiatric Assessment (CAPA) until age $16.^{1}$ A 3-month primary period is used to assess psychiatric symptoms. A symptom was counted as present if reported by either parent or child or both. Scoring programs written in SAS combine information about the date of onset, duration, and intensity of each symptom to create *DSM-IV* diagnoses. A two-week test-retest reliability study of CAPA diagnoses in children aged 10 through 18 found kappa values ranged from 0.5 for conduct disorder to *K* = 1.0 for substance dependence.² CAPA diagnoses are associated with higher scores on well-established behavioral scales, higher levels of psychosocial impairments, and use of specialty mental health services.¹

Common childhood psychiatric disorders assessed included anxiety disorders (separation anxiety, generalized anxiety, social phobia, specific phobia, agoraphobia, panic disorder, obsessive-compulsive disorder, and posttraumatic stress disorder), depressive disorders (major depression, dysthymia, mania, and hypomania), disruptive behavior disorders (conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder) and childhood substance disorders.

Psychosocial factors. Four types of family hardships were assessed using information provided as part of parent and self-report CAPA interview: low socioeconomic status (SES), unstable family structure, family dysfunction, and maltreatment. Low SES was positive if the child's family met 2 or more of the following conditions: below the US federal poverty line based upon family size and parent-reported income, low parental educational attainment (all parents in household required to have high school education only), or low parental occupational prestige based upon NORC score of 35 or lower for all household parents.³ Unstable family structure was positive if child's family met 2 or more of the

following conditions: single parent structure, step-parent in household, divorce, parental separation, or significant changes in parent structure. Family dysfunction was positive if child's family met 5 or more of the following conditions: inadequate parental supervision of child's free time, over-involvement of the parent into the child's activities in an age-inappropriate manner, physical violence between parents, top 20% in terms of frequency of parental arguments, marital relationship characterized by absence of affection, apathy, or indifference, child is upset by or actively involved in arguments between parents, mother scores in elevated range on depression questionnaire, top 20% in terms of frequency of arguments between parent and child, and most parental activities are source of tension or worry for the child. Maltreatment was positive if child or parent reported that the child had been physically abused (participant victim of intentional physical violence by family member), sexually abused (participant involved in activities for purposes of perpetrator's sexual gratification including kissing, fondling, oral–genital, oral–anal, genital or anal intercourse), or neglected by parents (caregiver unable to meet child's need for food, clothing, housing, transportation, medical attention or safety). The full CAPA interview is provided at <u>http://devepi.duhs.duke.edu/instruments.html</u> and the codebook for individual risk factors used to derived these scales is available at <u>http://devepi.duhs.duke.edu/codebooks.html</u>.

Adult Health, Legal, Financial, and Social Outcomes

Health functioning. Participants reported being diagnosed with a serious physical illness or being in a serious accident at any point during young adulthood or having a sexually transmitted disease (report of testing positive for herpes, genital warts, chlamydia, HIV, or other STD). Weight and height measurements were used to derive body mass index (BMI) with obesity defined as a BMI value greater than or equal to 30 kg/m². Regular smoking was defined as smoking > 1 cigarette per day for 3 months. Self-reported perceived poor health, high illness contagion risk, and slow illness recovery were derived from a physical health problems survey (Form HIS-1A [1998], US Department of Commerce for the US Public Health Service).

Risky/illegal behaviors. Official felony charges were harvested from North Carolina administrative Offices of the Courts records. Self-report

was used to assess recent police contact, often lying to others, frequent physical fighting, breaking into another home/business/property, frequent drunkenness (drinking to excess at least once weekly for 3 months), recent use of marijuana or other illegal substances and one-time sexual encounters with strangers (hooking up with strangers).

Financial/educational functioning. Being impoverished was coded based upon thresholds issued by the Census Bureau based on income and family size.³³ High school dropout and completion of any college education were coded based upon the participant's educational status at the last adult assessment. Job problems were assessed as being dismissed or fired from a job and quitting a job without financial preparations. Finally, other financial problems assessed included: failing to honor debts or financial obligations and being a poor manager of one's finances. Failing to honor debts was defined based upon failure to pay money owed or repay money borrowed. Poor financial management involved being turned down for a loan, unable to make a purchase due to bad credit, having debts turned over to collection company, or possessions repossessed.

Social functioning. Marital, parenthood, and divorce status were determined through self-report at the last adult assessment. The quality of the participant's relationship with their parents, spouse/significant other, and friends was assessed at each assessment including arguments and violence. Variables were included to indicate any violence in a romantic relationship, a poor relationship with one's parents, no best friend or confidante, and problems making or keeping friends.

Supplemental References

- 1. Angold A, Costello EJ. The Child and Adolescent Psychiatric Assessment (CAPA). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2000;39:39-48.
- 2. Angold A, Costello EJ. A test-retest reliability study of child-reported psychiatric symptoms and diagnoses using the Child and Adolescent Psychiatric Assessment (CAPA-C). *Psychological Medicine*. 1995;25:755-762.
- **3.** Nakao K, Treas J. *The 1989 Socioeconomic Index of Occupations: Construction from the 1989 Occupational Prestige Scores.* Chicago, Illinois: National Opinion Research Center; 1992.

	None (0)	Ideation only (1)	Attempts (2)		2 vs. 0				
	93.0% (1304)	3.1% (47)	3.9% (69)	OR	95% CI	р	OR	95% CI	р
% female	48.9 (658)	39.5 (107)	57.1 (25)	1.4	0.6-3.3	.45	0.7	0.3-1.8	.44
Race/ethnicity									
% Indian	79.9 (328)	17.6 (12)	2.4 (9)	0.7	0.3-1.6	.44	1.1	0.5-2.3	.90
% Black	92. (79)	3.0 (3)	4.1 (6)	3.0	0.8-10.8	.09	0.4	0.1-1.6	.22
% White	89.6 (897)	6.6 (32)	3.7 (54)						
Adversities									
Low SES	33.8 (596)	30.4 (18)	42.8 (35)	1.5	0.6-3.4	.36	0.9	0.3-2.5	.78
Maltreatment	29.1 (498)	38.2 (28)	63.2 (52)	4.2	1.7-10.3	.002	1.5	0.6-4.0	.41
Family instability	25.6 (417)	29.5 (18)	38.5 (35)	1.8	0.8-4.1	.15	1.2	0.4-3.6	.72
Family dysfunction	26.2 (419)	42.7 (23)	30.9 (34)	1.3	0.6-2.7	.57	2.1	0.8-5.7	.15
Bullying	24.7 (371)	51.2 (20)	40.6 (30)	2.1	0.9-4.9	.09	3.2	1.2-8.7	.02
Disorders									
Depressive	4.9 (82)	58.2 (24)	35.4 (34)	10.6	4.4-25.7	<.001	27.1	9.5-77.5	<.001
Anxiety	8.9 (158)	49.0 (22)	26.5 (28)	3.7	1.6-8.5	.002	9.9	3.6-27.3	<.001
Behavioral	13.6 (297)	44.5 (23)	50.8 (45)	6.6	2.8-15.2	<.001	5.1	1.9-13.9	.002

Substance	7.7 (126)	24.2 (11)	33.8 (20)	6.1	2.4-15.5	<.001	3.8	1.1-13.0	.03		
Any disorder	25.4 (461)	70.5 (38)	79.0 (58)	11.0	3.7-32.9	<.001	7.0	2.2-22.2	<.001		
2+ disorders	6.9 (159)	62.7 (29)	49.0 (43)	13.1	5.6-30.8	<.001	22.9	8.0-65.2	<.001		
Note: Bolded values are significant at the p < .05 level. SES = socioeconomic status.											

		2 י	vs. 0			1	vs. 0		1, 2 vs. 0				
	OR	95% CI	р	Sig.	OR	95% CI	р	Sig.	OR	95% CI	Р	Sig.	
				Covariates				Covariates				Covariates	
Psychiatric													
Depressive	1.1	0.4-3.4	.84	1, 5, 6, 10	3.7	1.2-11.5	.02	1, 5, 6, 10	1.9	0.8-4.7	.16	1, 5, 6	
Anxiety	0.9	0.3-3.3	.90	2, 3, 6	1.7	0.4-6.5	.44	2, 3, 6	1.2	0.4-3.3	.72	2, 3, 6	
AUD	0.6	0.2-2.1	.40	1, 3, 9	0.1	0.0-0.4	<.001	1, 3, 9	0.3	0.1-1.1	.08	1, 10	
CUD	0.8	0.2-3.1	.76	1, 10	0.2	0.1-0.6	<.001	1, 10	0.6	0.2-1.7	.30	1, 2, 11	
Any dx	0.6	0.2-1.8	.37	1, 2, 6, 10	0.6	0.2-1.8	.40	1, 2, 6, 10	0.6	0.3-1.4	.26	1, 2, 7, 8, 1	
Any 2 disorder	1.1	0.3-3.7	.91	6, 9, 10	0.3	0.1-0.9	.03	6, 9, 10	0.7	0.2-2.1	.52	6, 9, 10	
Any suicide behavior	2.7	0.9-8.4	.09	8	7.2	2.4-21.3	<.001	8	4.2	1.8-10.1	.001	8	
Suicide attempts	4.0	1.2-13.0	.02		5.1	1.7-14.7	.002	8	4.4	1.8-10.5	<.001	8	
Note: Bolded values a	re signif	icant at the	p < .05	l 5 level. Covaria	tes incl	ude the follo	owing: 1	= sex; 2 = race	; 3 = lov	l v socioecon	omic stat	us (SES); 3 =	

Table S2. Differences in Psychiatric Status and Suicide Behavior at Ages 19 and 21 by Childhood Suicidal Thoughts and Behavior (STBs) Adjusted

 Table S3.
 Differences in Psychiatric Status and Suicide Behavior at Ages 25 and 30 by Childhood Suicidal Thoughts and Behavior (STBs) Adjusted for

Childhood Psychiatric Status and Psychosocial Risk Factors

			2 vs. 0		1 vs. 0					1, 2 vs. 0					
	OR	95% CI	р	Sig.	OR	95% CI	р	Sig.	OR	95% CI	Р	Sig.			
				Covariates				Covariates				Covariates			
Psychiatric															
Depressive	0.6	0.2-1.7	.31	1, 2, 6, 7	1.7	0.4-7.9	.47	1, 2, 6, 7	1.1	0.4-3.0	.93	1, 2, 6, 7			
Anxiety	1.0	0.4-3.1	.95	1, 2, 6, 7, 8 ,9	1.2	0.3-4.3	.78	1, 2, 6, 7, 8 ,9	1.1	0.5-2.8	.82	1, 2, 6, 7, 8, 9			
AUD	2.3	0.8-6.7	.11	1, 3	0.3	0.1-1.0	.05	1, 3	1.2	0.4-3.1	.77	1, 3			
CUD	1.0	0.3-3.5	.99	2, 10	0.1	0.0-0.7	.02	1, 10	0.6	0.2-1.7	.31	2, 10			
Any dx	1.4	0.5-3.7	.51	2, 8, 9	0.6	0.2-1.7	.34	2, 8, 9	1.0	0.5-2.0	.93	2, 8, 9			
Any 2 disorder	0.8	0.2-3.0	.77	1, 2, 6, 9, 10	0.8	0.2-3.8	.80	6, 9, 10	0.8	0.3-2.3	.71	1, 2, 6, 9, 10			
Any suicide behavior	4.5	1.7-11.9	.003		5.8	2.0-16.5	.001		5.0	2.3-10.9	<.001				
Suicide attempts	4.5	1.7-12.1	.002		5.9	2.0-17.1	.001		5.1	2.4-11.2	<.001				

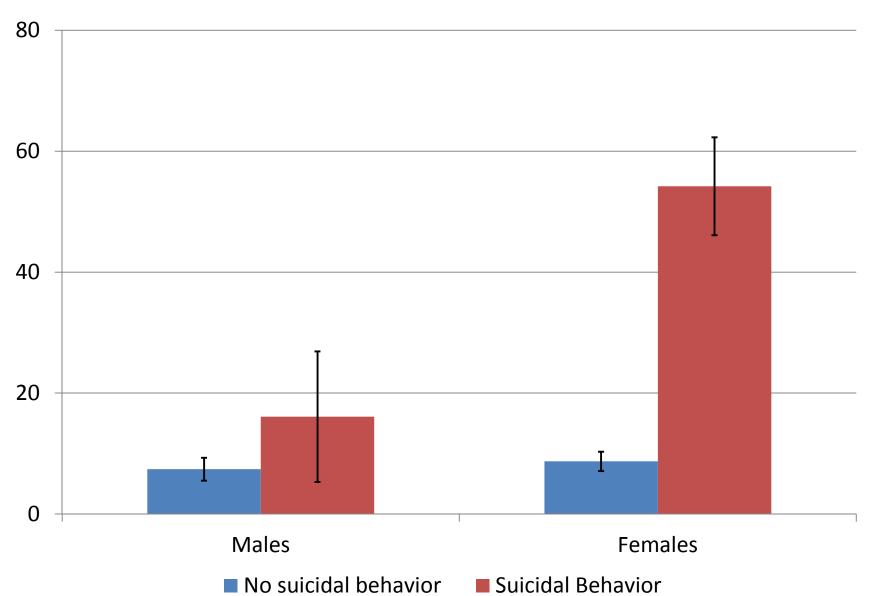
maltreatment; 4 = family instability; 5 = family dysfunction; 6 = peer victimization; 7 = childhood depression; 8 = childhood anxiety; 9 = childhood disruptive

behavior disorder; and 10 = childhood substance disorder

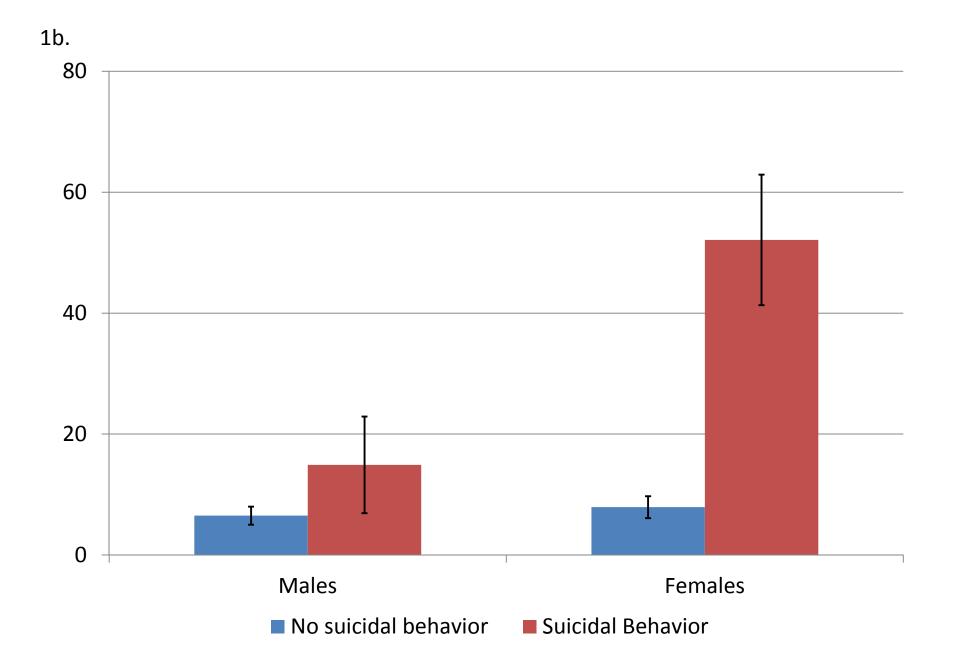
Table S4. Childhood Suicidal Behavior Groups Predicting Adult Functional Outcomes Adjusted for Demographic, Psychiatric and Psychosocial

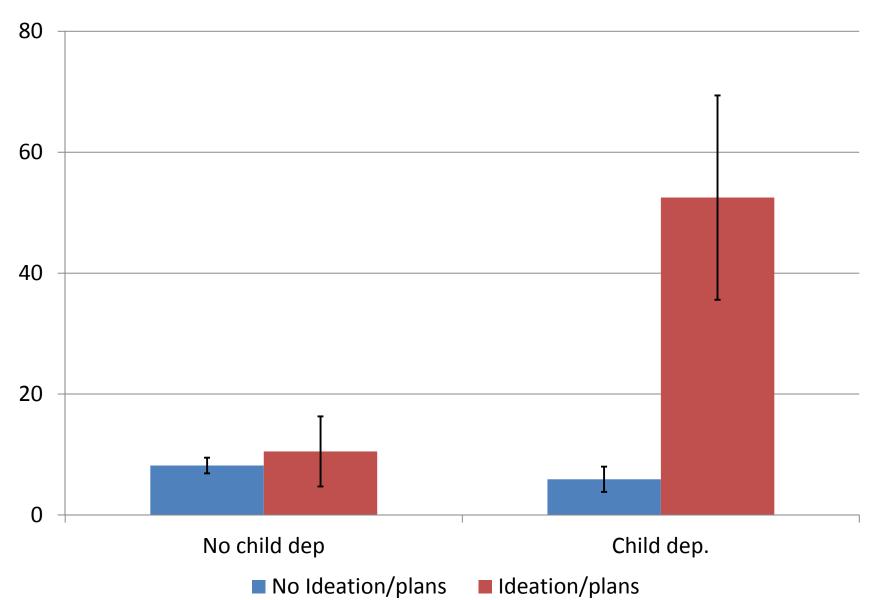
Factors

		2 v	s. 0			1	vs. 0		1, 2 vs. 0				
	MR	95% CI	р	Sig.	MR	95% CI	р	Sig.	MR	95% CI	р	Sig.	
				Covariates				Covariates				Covariates	
Health	0.9	0.5-1.6	.73	1, 2, 4, 8,	0.9	0.5-1.8	.75	1, 2, 4, 8,	0.9	0.6-1.4	.64	1, 2, 4, 8, 10	
				10				10					
Risky/illegal	0.9	0.6-1.4	.63	1, 2, 10, 11	0.9	0.7-1.2	.49	1, 2, 10, 11	0.9	0.7-1.2	.50	1, 2, 10, 11	
Financial	0.9	0.5-1.6	.75	2, 3, 4, 9	0.7	0.4-1.1	.11	2, 3, 4, 9	0.8	0.5-1.2	.27	2, 3, 9	
Social	1.2	0.8-1.8	.30	1, 2, 6, 8,	1.3	0.8-2.0	.24	1, 2, 6, 8,	1.2	0.9-1.7	.14	1, 2, 6, 8, 10	
				10				10					
Note: Covariat	tes includ	le the followir	ng: 1 = s	sex; 2 = race; 3	3 = low	socioeconor	nic status	; 4 = maltreatm	ent; 5 =	family instal	bility; 6 =	= family	
dysfunction; 7	= peer vi	ctimization; 8	3 = chilc	lhood depressi	ion; 9 =	childhood a	nxiety; 10) = childhood di	sruptive	behavior dis	sorder; a	and 11 =	
childhood sub	stance di	sorder.											



1a.





2a.

