

**The Prevalence of Self-Injurious Behaviour in Autism: A Meta-Analytic Study, Journal of Autism and Developmental Disorders**

**Authors: Dr Catherine Steinfeldt-Kristensen, Dr Chris Jones & Dr Caroline Richards, University of Birmingham**

**Corresponding Author:**

Dr Caroline Richards

School of Psychology University of Birmingham Edgbaston Birmingham B15 2TT UK

c.r.richards@bham.ac.uk

0121 4158098

**Supplementary Material 1.** Quality Criteria for sample identification, autism assessment, measurement of ID and measurement of SIB/self-harm.

	0 Poor	1 Adequate	2 Good	3 Excellent
Sample Identification	Not specified/reported	Single restricted or non-random sample e.g., a specialist clinic or previous research study Single regional sample e.g., one autism school or adult service/group home	Multiple restricted or non-random samples e.g., multi-region specialist clinics National non-random sampling e.g., national parent support groups	Random or total population sample
Assessment of autism	Not specified/reported Clinician judgement only	Screening instrument e.g., SCQ, M-CHAT Clinician judgement against specified diagnostic criteria e.g., DSM-IV or ICD-10	Diagnostic instrument e.g., ADI-R, DISCO, ADOS, 3Di	Consensus from multiple assessments, including at least one diagnostic instrument
Measurement of intellectual disability: IQ	Not specified/reported Clinician judgement only	Parent/carer report Recruited from a specialist ID school	Parent/carer report with a well validated measure	Formal IQ test (e.g. Weschler Intelligence Scale for Children)
Measurement of intellectual disability: adaptive functioning	Not specified/reported Clinician judgement only	Parent/carer report	Parent/carer report with a well validated measure	Formal measure of adaptive functioning (e.g. Vineland Adaptive Behaviour Scales)
Measurement of self-injurious behaviour/self-harm	Not specified/reported	Parent/carer report	Direct observation of behaviour by clinician/researcher OR use of a formal, validated scale (SIB -Q, SIQ, CBQ)	Consensus from multiple assessments including at least one direct observation or formal, validated scale ( <b>SIB -Q, SIQ, CBQ</b> to assess for presence of SIB /self-harm in combination with direct observation of behaviour)