**Supplement S3. Hazard Ratio Analyses**

**Overall Prediction and Publication Bias**

 **Ideation.** The number of cases available for hazard ratio (*n*=2) were not sufficient to produce reliable meta-analyzed results.

 **Attempt.** A total of 33 prediction cases were available for HR analyses. Heterogeneity was high (*I2*=91.12%). Cases produced an overall weighted mean hazard ratio of 1.36 (1.27- 1.48). Fail-safe N analyses suggested that this was a robust non-zero effect, and a Begg and Mazumdar rank correlation test also failed to detect significant bias (*p*=.35). However, the funnel plot was asymmetrical and Egger’s test of the intercept indicated significant bias (*p<*.001). Duval and Tweedie’s trim and fill analysis estimated that 12 cases were missing to the left of the mean. Including these cases would result in a reduction in the overall mean hazard ratio to a level of 1.22 (1.13-1.33).

 **Death.** A total of 47 HR cases were included. Cases were extremely heterogeneous (*I2*=98.09%) and resulted in an overall mean hazard ratio of 2.90 (2.38-3.53). Based on Fail-safe N analyses, this effect was robust; however, the funnel plot was asymmetrical and Begg and Mazumdar rank correlation (*p<*.01) and Egger’s intercept (*p<*.001) tests indicated significant bias. Duval and Tweedie’s trim and fill estimated 6 missing prediction cases, which would reduce the overall effect to 2.49 (2.07-3.01).

**Risk Factor Category Analyses**

 **Suicidal Ideation.** HR analyses included 8 prediction cases (5 for attempts; 3 for death). The average weighted mean HR was 1.26 (1.08-1.48; *p<*.01) for attempt prediction and non-significant for death prediction (weighted mean HR=2.68[.66-10.91]; *p*=.17).

 **Suicide Plans.** No HR analyses were conducted as there were no HR cases available.

 **Suicide Attempt.** A total of 14 HR cases were available (11 for attempts; 3 for death). For attempt prediction, the average weighted HR was 3.84 (2.37-6.22; *p<*.001). For death, the average weighted HR was 9.15 (6.85-12.22; *p<*.001).

 **Suicide Attempt Features.** When considering attempt features as a single construct, HR estimates (n=22; attempts: 12; death: 10) produced a weighted mean HR for attempts of 1.36 (1.20-1.53; *p<*.001) and 2.31 (1.48-3.61; *p<*.001) for death. As with OR analyses, number (weighted mean HR=1.24[1.03-1.50]; *p*=.02), maximum lethality (weighted mean HR=1.21[1.06-1.38]; *p<*.01), and recency of past attempt (weighted mean HR=4.54[3.20-6.44]; *p<*.001) were significant for predicting attempts. For death analyses, method of past attempt was significant (weighted mean HR=2.06[1.28-3.34]; *p<*.001); however, caution is warranted as all 8 cases were from the same study. There were not enough cases on intent to produce reliable results (1 for attempts; 2 for death).

 **SITB and DSH.** Not enough HR cases were available for meta-analysis (1 case for attempt). Only one HR case was available, precluding meta-analysis.

 **NSSI.** Only one HR prediction case was available for NSSI, which precludes meta-analytic analyses.

 **Family History of SITB.**  HR estimates are not reported because only 2 cases (drawn from the same study) were available for attempt analyses and only 1 case was available for death analyses.

 **SITB Exposure.** No HR cases were available for meta-analysis.

**Moderation Analyses**

 **Sample Severity.** Predicting suicide attempts, weighted means HRs were strongest among clinical samples (weighted mean HR=1.71[1.48-1.97]; *p<*.001) followed by self-injurious samples (weighted mean HR=1.07[1.00-1.14]; *p<*.05). Estimates were not significant among general population samples (weighted mean HR=1.88[.84-4.22]; *p*=.12). For suicide death, estimates were strongest among general population samples with a weighted mean HR of 6.97 (6.17-7.91; *p<*.001). Weighted mean HRs for clinical (weighted mean HR=3.67[1.06-12.67]; *p<*.05) and self-injurious (weighted mean HR=2.44[1.94-3.08]; *p<*.001) were statistically equivalent.

 **Sample Age.** No HR studies used adolescent-only samples. Across studies that predicted attempts, 2 cases included mixed samples and 31 cases involved adult samples. For mixed samples, the weighted mean HR was 3.15 ([1.71-5.81]; *p<*.01); for adult samples, the effect was 1.35 ([1.25, 1.46]; *p<*.001). For studies predicting death, the majority of cases (n=39) involved mixed samples and 8 cases involved adult samples. The estimate for adult samples was 4.11 ([1.53, 11.04]; *p<*.01); for mixed samples, the weighted mean HR was 2.74 ([2.15, 3.49]; *p<*.001).

 **Follow-Up Length.** HR analyses failed to detect significant effects for attempts (*b*=.003, *p*=.35) and death (*b*<.001, *p*=.56).