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Supplemental Materials

1. Prevalence of social anxiety compared to other anxiety disorders in the presence and absence of comorbidity

Prevalence rates of diagnoses (SAD diagnosis only, a diagnosis of only other anxiety disorder diagnosis, comorbid anxiety disorder diagnoses, and no clinical diagnosis) were compared across CHR and CC groups. Chi-square analysis demonstrated a significant difference between CC and CHR groups across these four diagnoses, $\chi^2(3)=51.36$, $p<0.001$. Approximately 35% of the CHR sample had a SAD diagnosis compared to 13% in the CC group.

When comparing CC and CHR groups on diagnoses of SAD only, a diagnosis of only one other anxiety disorder diagnosis, and no clinical diagnosis (excluding individuals with comorbid diagnoses), chi-square analysis revealed a significant difference in the prevalence across groups, $\chi^2(2)=28.23$, $p<0.001$. The prevalence of SAD in the CHR group was approximately 42% and compared to 12% in the CC group.

2. Relationship between categorical social anxiety and positive and negative symptom severity

Within the CHR group, separate independent samples t-tests were used to examine differences in levels of positive and negative symptoms across categorical SAD diagnoses (met DSM-5 criteria for SAD, did not meet DSM-5 criteria for SAD). The results of these tests revealed that those who met the criteria for SAD (M=10.72, SEM=0.61) had significantly higher levels of positive symptoms compared to those who did not meet SAD criteria (M=9.18, SEM=0.46), $t(74)=2.05$, $p=0.04$, d=0.48. However, there was no significant difference in the level of negative symptoms between those

who met SAD criteria (*M*=8.12, *SEM*=1.04) and those who did not meet SAD criteria (*M*=5.71, *SEM*=0.75), *t*(57)=1.94, *p*=0.06.

3. Functional outcomes of categorical social anxiety

An independent samples t-test was used to examine differences in levels of social functioning across CHR and CC groups. There was a significant difference in the level of total social functioning between CHR individuals *(M=67.5, SEM=1.79)* and the CC group *(M=73.4, SEM=1.21), t(142.5)=2.73, p=0.007,* indicating that the CC group had a higher total social functioning score compared to the CHR group. See Supplemental Figure 1 for a visualization of the relationship between average social function symptoms across groups. In related analyses, within the CHR group, an independent samples t-test was used to examine differences in levels of social functioning across individuals that met DSM-5 criteria for SAD and those who did not meet DSM-5 criteria for SAD. There was no significant difference in the level of social functioning between those who met SAD criteria (*M*=64.8, *SEM*=3.02) and those who did not meet SAD criteria (*M*=69.6, *SEM*=2.12), *t*(73)=-1.34, *p*=0.19. Thus, indicating that the two diagnostic groups were heterogeneous, and a categorical approach may be masking the effects that were evident when social anxiety symptoms were dimensionally examined. See Supplemental Figure 2 for a visualization of the relationship between level of social anxiety symptoms and social functioning across the two diagnostic groups.

4. Covarying for Depression in the Relationships Between Psychosis-Risk Symptoms, Functioning, and Social Anxiety

Within the CHR group, two separate multiple regression analyses examined the relationship of social anxiety symptoms to positive and negative symptoms controlling for total depressive symptoms. The presence and severity of depressive symptoms in the past week were measured using a reliable and valid shortened form of the Center for Epidemiological Studies[1,2]. Consistent with findings in the main analyses, the first multiple regression determined that total positive symptoms were not significantly related to total social anxiety symptoms, *b=-0.007, t(67)=-0.27, p=0.79,* nor depressive symptoms, *b=0.07, t(67)=1.30, p=0.20,* among the CHR group. Negative symptoms were not significantly related to social anxiety symptoms among CHR participants when controlling for total depressive symptoms, *b=0.05, t(50)=1.17, p=0.25.* Depressive symptoms demonstrated a trend-level relationship with negative symptoms when accounting for social anxiety severity, *b=0.19, t(50)=1.97, p=0.05*, such that increased negative symptoms were associated with increased depressive symptoms. However, the results of the omnibus multiple regression indicated the two predictors explained 13.5% of the variance in negative symptom scores, *F(2,50)=5.05, r^2 =0.135, p=0.01.*

Supplemental Table 1
Frequency of current diagnoses within each *non-social anxiety group used in prevalence analyses.

	CHR	Community Controls
"Other Anxiety-Related Diagnosis" (frequency)		
Generalized Anxiety Disorder	33	33
Specific Phobia	6	16
Other Specified Anxiety Disorder	0	1
Panic Disorder	14	4
Agoraphobia	4	3
"No Anxiety-Related Diagnosis" (frequency)		
Depressive Disorders		
Major Depressive Disorder	8	68
Persistent Depressive Disorder	2	8
Bipolar Disorder (I & II)	0	0
Substance-Related Disorders	3	0
Feeding/Eating-Related Disorders	1	0
Obsessive-Compulsive Disorders	1	20

*Individuals with a social anxiety diagnosis only, as well as individuals with a SAD diagnosis and any other comorbid disorders, were included in the "SAD category".
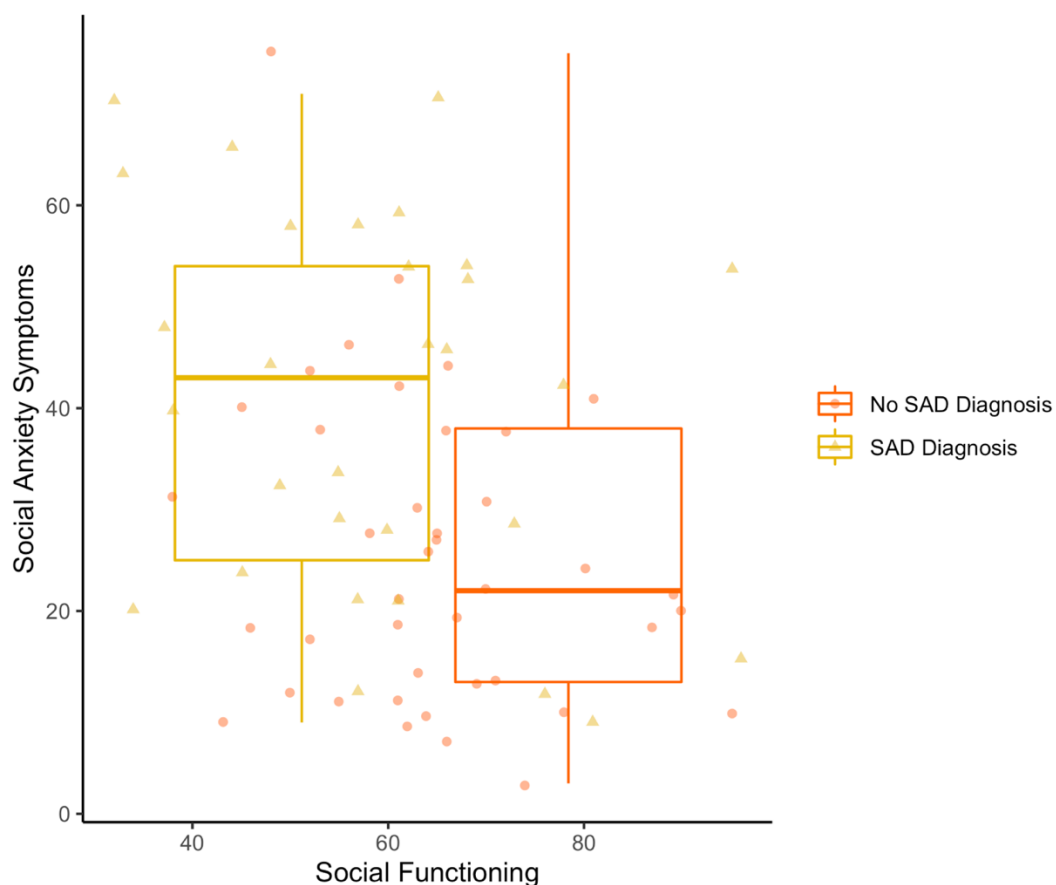
Supplemental Table 2
Household income, years of education completed, and current role by group.

	CHR	Community Controls
Household Income (n per group)		
Less than $2,000	7	3
$3,000-3,999	0	1
$4,000-4.999	0	1
$5,000-5,999	2	2
$6,000-6,999	0	1
$7,000-7,999	3	1
$9,000-9,999	1	1
$10,000-12,499	1	5
$12,500-14,999	0	1
$15,000-16,999	1	1
$17,000-19,999	2	1
$20,000-24,999	2	8
$25,000-34,999	4	7
$35,000-49,999	7	23
$50,000-69,999	6	18
$70,000-99,999	11	31
$100,000 and over	21	42
Unknown	13	17
Years of Education (n per group)		
12 or less	24	43
13-16	55	112
16 or more	1	7
Unknown	1	2
Current Role (n per group)		
Full-Time Student Only	35	74
Full-Time Worker Only	3	7
Part-Time Student Only	2	3
Part-Time Worker Only	4	3
Full-Time Student + Full-Time Worker	3	0
Part-Time Student + Part-Time Worker	2	0
Part-Time Student + Full-Time Worker	0	2
Part-Time Worker + Full-Time Student	27	72
No School or Work	5	3
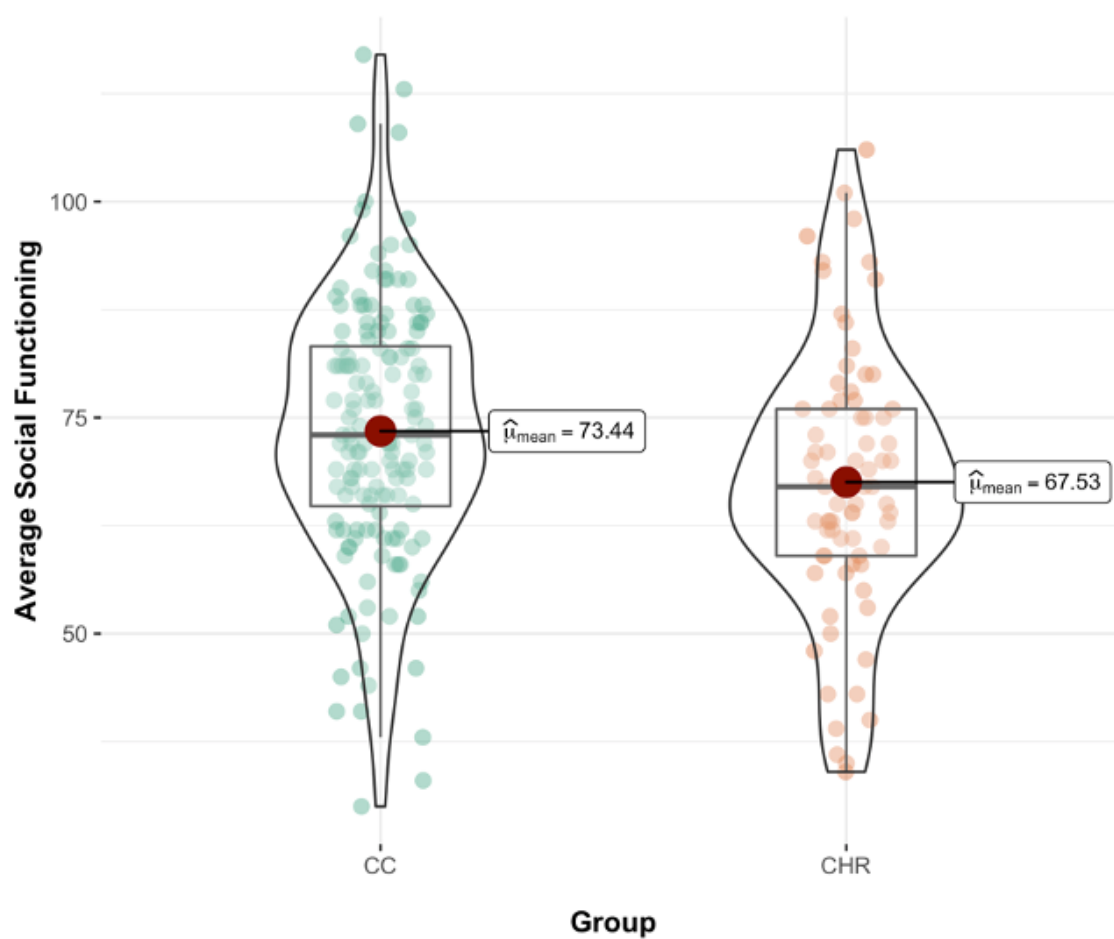
Supplemental Figure 2. Social functioning across groups. Results of an independent samples t-test demonstrated a significant difference in social functioning between CHR individuals and their CC peers.

Supplemental Figure 2. Heterogeneity of SAD symptoms and social functioning across dichotomous DSM-5 SAD diagnosis. Results of an independent samples t-test demonstrated no significant difference in social functioning between CHR individuals with and without a SAD diagnosis. The box plot visualizes that, across categorical diagnosis, the levels of both SAD symptoms and social functioning were widely distributed.

References

[1]Kohout FJ, Berkman LF, Evans DA, Cornoni-Huntley J. Two shorter forms of the CES-D depression symptoms index. J Aging Health. 1993;5:179-193.

[2]Roberts RE, Vernon SW, Rhoades HM. Effects of language and ethnic status on reliability and validity of the Center for Epidemiologic Studies-Depression Scale with psychiatric patients. J Nerv Ment Dis. 1989;177:581-592.