**Supplementary Results**

**Characterization of Moderate Memory Impairment Using >1.0 Deficit Score**

Using a memory domain deficit score cutoff of > 1.0 (rather than 0.5) yielded 77 (15.2%) persons with objective moderate memory impairment in the current sample. Among the 359 individuals with WMS-III/CVLT-II, objective memory impairment was observed in 46 (12.8%) persons. Among the 40 individuals with HVLT-R/BVMT, objective memory impairment was observed in 21 (52.5%) persons. Among the 61 individuals administered the CogState, objective memory impairment was observed in 7 (11.4%) individuals. For the 45 individuals who were administered the NIH Toolbox Picture Sequence Memory Test, objective memory impairment was observed in 3 (6.7%) individuals (note that, for the Toolbox we used a more conservative deficit score of > 1.5 per the recommendations of Carey et al. (2004) because it included only one memory measure.

**Characteristics of Moderate Memory Impaired and Unimpaired Groups**

 Table S1 presents the clinicodemographic characteristics across the groups with (n=77) and without (n=428) objective moderate memory impairment. On average, the objective moderate memory impaired group was younger (Cohen’s *d* = 0.50), obtained fewer years of education (*d* = 0.63), consisted of fewer men (odds ratio = 2.2 [1.2,4.0]), and had a lower proportion of White persons (odds ratio = 2.5 [1.5,4.1]), a higher proportion of individuals with elevated anxiety (odds ratio = 2.8 [1.2,6.6]), shorter estimated durations of infection (*d* = 0.29), and a lower proportion of individuals with AIDS (odds ratio = 1.8 [1.1,2.9]; all *p*s < .05). Among these variables, PRMQ scores were associated only with anxiety (*d*=0.68; *p*=.002) and gender (*d*=0.40; *p*=.002), such that individuals with elevated anxiety and women reported worse self-reported memory across the entire sample. No other variables that differed between memory impaired and unimpaired groups were significantly related to PRMQ total scores across the entire sample (all *p*s>.05). The groups did not differ on any other demographic, clinical, or HIV disease severity characteristics (all *p*s>.05).

[INSERT TABLE S1 HERE]

Using the identical one-factor model used in primary analyses, a CFA model within the memory impaired group only (n=77) demonstrated adequate fit across indices (χ2 [104]=187.1, RMSEA=.10, CFI=.96, TLI=.95). This model in the memory unimpaired group (n=364) also revealed adequate fit across indices (χ2 [104]=471.1, RMSEA=.09, CFI=.97, TLI=.96).

 **Configural Invariance.**

 The configural invariance model was assessed simultaneously across memory impaired and memory unimpaired groups without imposing equality constraints across groups for any model parameter estimates. This model revealed adequate fit (χ2 [208]=580.0, RMSEA=.08, CFI=.97, TLI=.97), indicating that the same PRMQ items measure the identified one-factor model of memory symptoms for both memory impaired and memory unimpaired groups (see Table S2).

 **Weak Invariance.**

The weak invariance model was assessed simultaneously across memory impaired and unimpaired groups while constraining factor loadings to be equal across both groups. This model revealed adequate fit (χ2 [223]=532.4, RMSEA=.07, CFI=.98, TLI=.98). Comparison of this model to the configural model using the χ2 difference test of model fit indicated a lack of weak invariance (Δχ2[15]=44.1, *p*<.001), suggesting that item loadings did differ across groups (i.e., non-invariance). However, the weak model did not demonstrate worsening of fit compared to the configural model (ΔCFI=.01, ΔRMSEA=-.01). Examination of modification indices in the weak invariance model revealed a modification index of 8.2 for PRMQ item 12 loading (“*Do you fail to mention or give something to a visitor that you were asked to pass on?*”). Thus, the weak invariance model was re-examined without imposing equality constraint on this item loading, which resulted in a model that showed acceptable fit (χ2 [222]=513.6, RMSEA=.07, CFI=.98, TLI=.98), although comparison of this model to the configural invariance model still indicated a lack of weak invariance (Δχ2[14]=35.0, p=.002) and no change in fit (ΔCFI=.01, ΔRMSEA=-.01). Examination of modification indices in this model revealed a modification index of 8.6 for PRMQ item 6 loading (“*Do you fail to recognize a character in a radio or television show from scene to scene*?”). Thus, the invariance model was re-examined without imposing equality constraints on item loadings for items 6 and 12, which resulted in a model that showed acceptable fit (χ2 [221]=505.0, RMSEA=.07, CFI=.98, TLI=.98), although comparison of this model to the configural invariance model still indicated a lack of weak invariance (Δχ2[13]=28.4, p=.008) and no change in fit (ΔCFI=.01, ΔRMSEA=-.01). Examination of modification indices in this model revealed a modification index of 5.6 for PRMQ item 3 loading (“*Do you fail to do something you were supposed to do a few minutes later even though it’s there in front of you (e.g., take pill or turn off the kettle)*?”). Thus, the invariance model was re-examined without imposing equality constraints on item loadings for items 3, 6, and 12, which resulted in a model that showed acceptable fit (χ2 [220]=494.8, RMSEA=.07, CFI=.98, TLI=.98). Comparison of this model to the configural invariance model provided evidence of partial weak invariance (Δχ2[12]=22.5, p=.032), and no worsening of fit (ΔCFI=.01, ΔRMSEA=-.01). Examination of factor loadings revealed that that all three items had higher factor loadings in the memory impaired group (item 3=.88, item 6=.72, item 12=.91) compared to the memory unimpaired group (item 3=.81, item 6=.61, item 12=.79), indicating that these items were more strongly related to the construct of general memory within the memory impaired group compared to those in the memory unimpaired group, while all other item loadings demonstrated invariance.

 **Strong Invariance.**

Strong invariance was assessed using an identical model to that of the partial weak invariance model (i.e., without imposing item loading constraints on items 3, 6, and 12) across memory impaired and unimpaired groups while additionally imposing equality constraints on item thresholds across groups. This model showed acceptable fit (χ2 [283]=557.2, RMSEA=.06, CFI=.98, TLI=.98). Comparison of this model to the partial weak model indicated a lack of strong invariance (Δχ2[63]=94.4, p=.006), suggesting that item thresholds do differ across groups (i.e., non-invariance). However, the strong model did not demonstrate different fit compared the partial weak model (ΔCFI=.00, ΔRMSEA=-.01). Examination of modification indices in the strong invariance model revealed a modification index of 5.2 for PRMQ item 2 thresholds (“*Do you fail to recognize a place you have visited before*?”). Thus, the strong invariance model was re-examined without imposing equality constraints on item 2 thresholds, which resulted in a model that showed acceptable fit (χ2 [279]=572.1, RMSEA=.06, CFI=.98, TLI=.98). Comparison of this model to the partial weak invariance model was not significant (Δχ2[59]=73.3, p=.100) indicating partial strong invariance, and there was no worsening in model fit (ΔCFI=.00, ΔRMSEA=-.01). In other words, all items on the PRMQ other than item 2 have the same expected observed response at the same absolute value of the latent trait of general memory across both groups. Examination of thresholds of item 2 in the partial strong invariance model demonstrated lower item thresholds for the memory impaired group (range: -0.31 to 1.90) compared to the memory unimpaired group (range: -0.08 to 2.4), such that the impaired group had a lower probability of reporting better PRMQ scores compared to the memory unimpaired group on this item.