# Data Sharing Statement

| Item | Question | Authors’ Response |
|------|----------|-------------------|
| 1    | Would you like to share data collected for your study to others? | |
| 2    | If not, would you like to share the reason for your decision? | We are unable to share the data because of HCUP agreement that we signed. [https://www.hcup-us.ahrq.gov/team/NationwideDUA.jsp](https://www.hcup-us.ahrq.gov/team/NationwideDUA.jsp) |
| 3    | What data in particular will be shared? | |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | |
| 5    | When will data availability begin? | |
| 6    | When will data availability end? | |
| 7    | To whom will you share the data? | |
| 8    | For what type of analysis or purpose? | |
| 9    | How or where can the data/documents be obtained? | |
| 10   | Any other restrictions? | |