

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	No.	Recommendation	Line (s)
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	30
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	23—49
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	52—111
Objectives	3	State specific objectives, including any prespecified hypotheses	112—121
Methods			
Study design	4	Present key elements of study design early in the paper	127—128
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	125—126
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	131—137
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	139—174
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	175—183, Supplement 2
Bias	9	Describe any efforts to address potential sources of bias	144—152, 193—201
Study size	10	Explain how the study size was arrived at	131—137
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	189—192
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	185—189, 202—206
		(b) Describe any methods used to examine subgroups and interactions	210—212
		(c) Explain how missing data were addressed	131—135, 193—196
		(d) If applicable, describe analytical methods taking account of sampling strategy	not applicable
		(e) Describe any sensitivity analyses	210—212
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	131—135, Figure 1
		(b) Give reasons for non-participation at each stage	not applicable
		(c) Consider use of a flow diagram	137
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1
		(b) Indicate number of participants with missing data for each variable of interest	Figure 1, 193—196
Outcome data	15*	Report numbers of outcome events or summary measures	218—219
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Table 2
		(b) Report category boundaries when continuous variables were categorized	Table 2
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	not applicable
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	233—300
Discussion			
Key results	18	Summarise key results with reference to study objectives	303—311
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	421—431

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	312—409
Generalisability	21	Discuss the generalisability (external validity) of the study results	434—439
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	464—468

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.