

The STROBE reporting checklist

For checking that observational epidemiology research articles can be understood and used by everyone

How to use this reporting checklist

This reporting checklist allows authors to demonstrate that their manuscripts adhere to the [STROBE reporting guideline](#).

If you have not used a reporting guideline before, read about [how and why to use them](#) and check whether STROBE is the [most applicable reporting guideline](#) for your work.

Reporting guidelines are most useful when used early in research. When writing a manuscript or application, consider using the [full guidance](#) where you'll find explanations and examples for each item.

After writing, demonstrate adherence by completing this checklist:

1. Specify where each item is described (see [Note 1](#)).
2. Cite this checklist (See [Note 2](#)).
3. Include your completed checklist as a supplement when submitting to a journal so that future readers can use it to find information.

	Item Description	Location (or reason for not reporting)
Title and abstract		
1a. Indicate the study's design	Indicate the study's design with a commonly used term in the title or the abstract.	p. 1 (title); p. 2 (abstract).
1b. Abstract	Provide in the abstract an informative and balanced summary of what was done and what was found.	p. 2 (abstract: design, methods, principal results and conclusion).
Introduction		
2. Background / rationale	Explain the scientific background and rationale for the investigation being reported.	pp. 3–5 (Introduction; rationale and evidence gap).
3. Objectives	State specific objectives, including any prespecified hypotheses.	p. 5 (objective and prespecified hypothesis).
Methods		
4. Study design	Present key elements of study design early in the paper.	p. 2 (abstract); p. 6 (Study Design and Ethical Approval).
5. Setting	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up,	p. 6 (online survey; recruitment and data collection January–

	and data collection.	March 2026). Follow-up and exposure period: uygulanamaz; one-time cross-sectional survey.
6a. Eligibility criteria	Cohort study: Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up. Case-control study: Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls. Cross-sectional study: Give the eligibility criteria, and the sources and methods of selection of participants.	p. 6 (practicing dentists, voluntary open-network recruitment and fully completed questionnaires). Kismen: detailed eligibility/exclusion rules and verification of active practice are not reported; invitation denominator unavailable.
6b. Matching criteria	Cohort study: For matched studies, give matching criteria and number of exposed and unexposed. Case-control study: For matched studies, give matching criteria and the number of controls per case.	Uygulanamaz: no matched cohort or case-control design.
7. Variables	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	pp. 6–8 (professional variables, PRF training/use, knowledge and attitude items/scores); pp. 22–26 (Tables 1–3). Kismen: operational definition of “formal training” and categorization rationale are limited; no diagnostic criteria apply.
8. Data sources / measurement	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.	pp. 6–8 (self-report online questionnaire, pilot, scoring); pp. 22–26 (Tables 1–3). Kismen: full response choices for 21 knowledge items and independent validation are not provided; same questionnaire administered to all respondents.
9. Bias	Describe any efforts to address potential sources of bias.	p. 6 (convenience recruitment and complete-case inclusion); pp. 16–17 (selection, recall/social desirability limitations). Kismen: no documented recruitment/measurement bias-mitigation procedure beyond pilot testing and uniform instrument.

10. Study size	Explain how the study size was arrived at.	p. 6 (no a priori calculation; all eligible fully completed questionnaires during predefined period; N=501).
11. Quantitative variables	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why.	pp. 7–9 (score ranges, coding, summary measures, statistical tests); p. 22 (experience and case-volume boundaries), pp. 27–29 (Table 4). Kismen: rationale for chosen professional-category cutoffs not reported.
12a. Statistical methods	Describe all statistical methods, including those used to control for confounding.	pp. 8–9 (normality, nonparametric comparisons, chi-square/conditional Monte Carlo, Holm corrections and effect sizes). Kismen: no multivariable confounder adjustment or justification of omitting it; comparisons unadjusted.
12b. Statistical methods – subgroups and interactions	Describe any methods used to examine subgroups and interactions.	pp. 8–9 (group comparisons and post hoc testing); pp. 10–12 and 27–34 (Tables 4–6). Interaction analyses: raporlanmamış.
12c. Statistical methods – missing data	Explain how missing data were addressed.	p. 6 (only fully completed questionnaires analyzed). Kismen: treatment of partial/incomplete submissions and item-level missingness not specified.
12di. Statistical methods – loss to follow-up	Cohort study: If applicable, describe how loss to follow-up was addressed.	Uygulanamaz: cross-sectional survey without follow-up.
12dii. Statistical methods – matching cases and controls	Case-control study: If applicable, explain how matching of cases and controls was addressed.	Uygulanamaz: no case-control matching.
12diii. Statistical methods – sampling strategy	Cross-sectional study: If applicable, describe analytical methods taking account of sampling strategy.	p. 6 (open-network voluntary convenience sampling). Weighted/cluster-adjusted analysis: uygulanamaz for the stated sampling strategy; no

		probability weights or clusters reported.
12e. Statistical methods – sensitivity analyses	Describe any sensitivity analyses.	Raporlanmamış: no sensitivity analyses described or reported (pp. 8–12).
Results		
13a. Participant numbers	Report the numbers of individuals at each stage of the study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed; Consider use of a flow diagram.	pp. 6, 10 (501 fully completed included and analyzed). Kismen: invitation/view, eligibility-screened, incomplete and excluded counts unavailable.
13b. Participants – non-participation	Give reasons for non-participation at each stage.	p. 6 (invitation denominator unknown). Raporlanmamış: counts/reasons for refusal and exclusion at each stage.
13c. Participants – flow diagram	Consider use of a flow diagram.	Uygulanamaz: optional flow diagram; no upstream denominators available for an informative flow diagram (p. 6).
14a. Descriptive data – participant characteristics	Give characteristics of study participants (e.g., demographic, clinical, social) and information on exposures and potential confounders. Present the information in a table.	pp. 10–12, 22 (age, sex, workplace, experience, surgical volume, training, use frequency); pp. 26–29 (attitudes and grouped analyses).
14b. Descriptive data – missing data	Indicate the number of participants with missing data for each variable of interest.	p. 6 (only fully completed included). Kismen: per-variable missing counts and number of partial questionnaires not reported.
14c. Descriptive data – follow-up time	Cohort study: Summarise follow-up time—e.g., average and total amount.	Uygulanamaz: cross-sectional survey without follow-up time.
15. Outcome data	Cohort study: Report numbers of outcome events or summary measures over time. Case-control study: Report numbers in each exposure category, or summary measures of exposure. Cross-sectional study: Report numbers of outcome events or summary measures.	pp. 10–12 (scores, item-level responses, use); pp. 23–26 (Tables 2–3), pp. 27–34 (Tables 4–6).
16a. Main results	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision	pp. 8–12, 27–34 (unadjusted p-values, effect sizes, Holm-

	(e.g., 95% confidence intervals). Make clear which confounders were adjusted for and why they were included.	adjusted item-level p-values). Kismen: no confidence intervals, confounder-adjusted estimates, or reasons for absence of adjustment.
16b. Main results – category boundaries	Report category boundaries when continuous variables were categorised.	p. 22 (experience 0–5, 6–10, 11–15, >15 years; surgical volume 0–100, 101–250, >250); pp. 10, 27–29 (use-frequency and training categories).
16c. Main results – risk	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.	Uygulanamaz: no prospective risk period or relative risk estimate in this cross-sectional survey.
17. Other analyses	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses.	pp. 11–12, 27–34 (post hoc and exploratory item-level analyses, Tables 4–6). Sensitivity and interaction analyses: raporlanmamış.
Discussion		
18. Key results	Summarise key results with reference to study objectives.	pp. 13, 16–17 (key findings in relation to objectives).
19. Limitations	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias.	pp. 16–17 (sampling, self-report, design, response-rate and item interpretation limitations). Kismen: likely direction/magnitude of individual biases and imprecision not quantified or assessed explicitly.
20. Interpretation	Give a cautious overall interpretation considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	pp. 13–17 (comparison with literature, cautious noncausal interpretation, multiplicity and limitations).
21. Generalisability	Discuss the generalisability (external validity) of the study results.	pp. 16–17 (limited representativeness and generalizability due to voluntary convenience sample).
Other information		
22. Funding	Give the source of funding and the role of the funders for the present study and, if applicable, for the	p. 17 (Funding: no financial support); funder role:

	original study on which the present article is based.	uygulanamaz, as no funder is reported.
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1 How to specify where content is

Tell the reader where they can find information. E.g.,

- Results; paragraph 2
- Methods, Participants; paragraphs 1 & 2.
- Table 3
- Supplement B, para. 4

If you have chosen not to describe an item, explain why. You can do this in the checklist, or as a note below it.

You can describe items in the article body, or in tables, figures, or supplementary materials, and should prioritize items you feel are most important to your intended audience. The order of items in your manuscript does not need to match the order of items in this checklist. You can decide how best to structure your work.

2 How to cite

Describe how you used STROBE at the end of your Methods section, referencing the resources you used e.g.,

‘We used the STROBE reporting guideline(1) to draft this manuscript, and the STROBE reporting checklist(2) when editing, included in supplement A’

If you use a reporting checklist, remember to include it as a supplement when publishing so that readers can easily find information and see how you have interpreted the guidance.

1. Elm E von, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP, et al. The strengthening the reporting of observational studies in epidemiology (STROBE) statement: Guidelines for reporting observational studies. *Annals of Internal Medicine* [Internet]. 2007 Oct;147(8):573–7. Available from: <https://www.acpjournals.org/doi/10.7326/0003-4819-147-8-200710160-00010>
2. Elm E von, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP, et al. The STROBE reporting checklist. In: Harwood J, Albury C, Beyer J de, Schlüssel M, Collins G, editors. *The EQUATOR network reporting guideline platform* [Internet]. The UK EQUATOR Centre; 2025. Available from: <https://resources.equator-network.org/reporting-guidelines/strobe/strobe-checklist.docx>