

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

	<b>Item No</b>	<b>Recommendation</b>	
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	title page page 1
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	p 2-3
Objectives	3	State specific objectives, including any prespecified hypotheses	p 3, lines82-86
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	lines 89-96
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	lines 89-96
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	lines 90-94
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	p4-5
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	p4-5
Bias	9	Describe any efforts to address potential sources of bias	p5
Study size	10	Explain how the study size was arrived at	line 94
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	p4-5
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses	lines 133-144
<b>Results</b>			
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 (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	p5 & tables
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest	p5 tables
Outcome data	15*	Report numbers of outcome events or summary measures	p5-7
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 (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	p5-7
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	p5-7

<b>Discussion</b>			
Key results	18	Summarise key results with reference to study objectives	lines 197-206
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	lines 267-283
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	lines 284-300
Generalisability	21	Discuss the generalisability (external validity) of the study results	lines 273-274
<b>Other information</b>			
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	if title page

\*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](http://www.strobe-statement.org).