

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	2	Line 5
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2	Lines 4-14
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2, 3	Lines 22-28, Lines 1-17
Objectives	3	State specific objectives, including any prespecified hypotheses	3	Lines 15-17
Methods				
Study design	4	Present key elements of study design early in the paper	3	Lines 20-22
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	3, 4	Lines 20-29, Lines 1-4
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	3, 4	Lines 20-29, Lines 1-4
		<i>Case-control study</i> —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		
		<i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants		
		(b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed		
		<i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per		

case				
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	5	Lines 7-18
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	5	Lines 7-18
Bias	9	Describe any efforts to address potential sources of bias	3, 4	Lines 20-29, Lines 1-4
Study size	10	Explain how the study size was arrived at	3	Lines 20-22

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5	Lines 19-24	
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	5	Lines 19-24	
		(b) Describe any methods used to examine subgroups and interactions	5	Lines 19-24	
		(c) Explain how missing data were addressed	5	Lines 19-24	
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed	5	Lines 19-24	
		<i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed			
		<i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy			
		(e) Describe any sensitivity analyses	5	Lines 19-24	
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	5, 6	Lines 27-28, Lines 1-30	Lines 19-2
		(b) Give reasons for non-participation at each stage	5, 6	Lines 27-28, Lines 1-30	
		(c) Consider use of a flow diagram	5, 6	Lines 27-28, Lines 1-30	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	5, 6	Lines 27-28, Lines 1-30	
		(b) Indicate number of participants with missing data for each variable of interest	5, 6	Lines 27-28, Lines 1-30	
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	6	Lines 8-9	Lines 27-2
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time			
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	5, 6	Lines 27-28, Lines 1-30	

		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	5, 6	Lines 27-28, Lines 1-30
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	5, 6	Lines 27-28, Lines 1-30
		(b) Report category boundaries when continuous variables were categorized	5, 6	Lines 27-28, Lines 1-30
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	5, 6	Lines 27-28, Lines 1-30

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	5, 6	Lines 27-28, Lines 1-30	
Discussion					
Key results	18	Summarise key results with reference to study objectives	7, 8	Lines 1-30, Lines 1-24	Lines 27-2
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	8	Lines 22-24	
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	7, 8	Lines 1-30, Lines 1-24	
Generalisability	21	Discuss the generalisability (external validity) of the study results	7, 8	Lines 1-30, Lines 1-24	
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	N/A	N/A	

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

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.