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

	Item No	Recommendation	Reported on page #
Title and abstract	1	(a) Indicate the study's design with a commonly used term in	1
		the title or the abstract	
		(b) Provide in the abstract an informative and balanced	1-2
		summary of what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the	3-4
		investigation being reported	
Objectives	3	State specific objectives, including any prespecified	4
		hypotheses	
Methods			
Study design	4	Present key elements of study design early in the paper	4-6
Setting	5	Describe the setting, locations, and relevant dates, including	4
		periods of recruitment, exposure, follow-up, and data	
		collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods	4
		of selection of participants	
Variables	7	Clearly define all outcomes, exposures, predictors, potential	4-5
		confounders, and effect modifiers. Give diagnostic criteria, if	
		applicable	
Data sources/	8*	For each variable of interest, give sources of data and details	4-6
measurement		of methods of assessment (measurement). Describe	
		comparability of assessment methods if there is more than one	
		group	
Bias	9	Describe any efforts to address potential sources of bias	6
Study size	10	Explain how the study size was arrived at	4
Quantitative variables	11	Explain how quantitative variables were handled in the	6
		analyses. If applicable, describe which groupings were chosen	
		and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to	6
		control for confounding	27/4
		(b) Describe any methods used to examine subgroups and	N/A
		interactions	NT/A
		(c) Explain how missing data were addressed	N/A
		(d) If applicable, describe analytical methods taking account	4
		of sampling strategy	NT/A
Dogulto		(\underline{e}) Describe any sensitivity analyses	N/A
Results Participants	13*	(a) Report numbers of individuals at each stage of study—eg	6
Participants	15"	numbers potentially eligible, examined for eligibility,	υ
		confirmed eligible, included in the study, completing follow-	
		up, and analysed	
		(b) Give reasons for non-participation at each stage	N/A
		(-) value for non-partier partier barrow at each stage	11/11
		(c) Consider use of a flow diagram	N/A

		clinical, social) and information on exposures and potential	
		(b) Indicate number of participants with missing data for each	N/A
		variable of interest	
Outcome data	15*	Report numbers of outcome events or summary measures	6-8
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-	6-8
		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	N/A
		were categorized	
		(c) If relevant, consider translating estimates of relative risk	N/A
		into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and	N/A
		interactions, and sensitivity analyses	
Discussion			
Key results	18	Summarise key results with reference to study objectives	9-11
Limitations	19	Discuss limitations of the study, taking into account sources of	9-11
		potential bias or imprecision. Discuss both direction and	
		magnitude of any potential bias	
Interpretation	20	Give a cautious overall interpretation of results considering	9-11
		objectives, limitations, multiplicity of analyses, results from	
		similar studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study	9-11
		results	
Other information			
Funding	22	Give the source of funding and the role of the funders for the	In submission
		present study and, if applicable, for the original study on	information
		which the present article is based	

^{*}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.