**STROBE 2007 (v4) Statement—Checklist of items that should be included in reports of *cross-sectional studies***

**An observational study of the prevalence of toddler, child and adolescent overweight and obesity derived from primary care electronic medical records (Manuscript no. CMAJOpen-2015-0108)**

| Section/Topic | Item # | Recommendation | Reported on page # |
|---|---|---|---|
| **Title and abstract** | 1 | (*a*) Indicate the study's design with a commonly used term in the title or the abstract | Title includes "observational study" |
| | | (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | Abstract section |
| **Introduction** | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | Reported on page 1, lines 5 through 44. |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | Reported on page 1, lines 46 through 53. |
| **Methods** | | | |
| Study design | 4 | Present key elements of study design early in the paper | Reported on page 2, line 44-48. |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | Reported on page 2, lines 18 through 25. |
| Participants | 6 | (*a*) Give the eligibility criteria, and the sources and methods of selection of participants | Reported on page 2, lines 37 through 48; page 3, lines 8 through 13. |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | Reported on page 3, lines 17 through 56; page 4, lines 3-6. |
| 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 | Reported on page 2, lines 18 through 25. |
| Bias | 9 | Describe any efforts to address potential sources of bias | Reported on page 2, line 53-56; page 3, |

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| | | | lines 3-6. |
| Study size | 10 | Explain how the study size was arrived at | Page 2, lines 39 through 44. |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | Reported on page 4, lines 10 through 25. |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | Reported on page 4, lines 10 through 25. |
| | | (*b*) Describe any methods used to examine subgroups and interactions | Reported on page 4, lines 10 through 25. |
| | | (*c*) Explain how missing data were addressed | Reported on page 2, lines 39-44. |
| | | (*d*) If applicable, describe analytical methods taking account of sampling strategy | n/a |
| | | (*e*) Describe any sensitivity analyses | n/a |
| **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 | Reported on page 5, lines 10 through 32 plus addition of figure 1: flow diagram |
| | | (b) Give reasons for non-participation at each stage | Exclusions are reported on page 5, lines 10 through 32 plus addition of figure 1: flow diagram |
| | | (c) Consider use of a flow diagram | Inserted |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | Reported on page 5, lines 46 through 56, and page 6, lines 3-6, plus additional tables 1, 2 & 3. |

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| | | (b) Indicate number of participants with missing data for each variable of interest | Have not included |
| Outcome data | 15* | Report numbers of outcome events or summary measures | Reported on page 5, lines 46 through 56, and page 6, lines 3-6, plus additional tables 1, 2 & 3. |
| 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 | Tables 1, 2, & 3. |
| | | (*b*) Report category boundaries when continuous variables were categorized | Tables 1, 2, & 3. |
| | | (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | n/a |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | Page 7, lines 8 through 23 and Tables 1, 2, & 3. |
| **Discussion** | | | |
| Key results | 18 | Summarise key results with reference to study objectives | Page 7, lines 44 through 56, and page 8, line 3. |
| 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 | Page 9, lines 10 through 56; page 10 lines 3 through 20. |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | Page 9, lines 10 through 56; page 10 lines 3 through 20. |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | Page 9, lines 22-30. |
| **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 | This is provided in the conflict of interest section and the acknowledgements section. |

*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.