STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the	1,2
		abstract (b) Provide in the electract on informative and belonged summary of what	2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	_
		was done and what was found	
Introduction	2		3
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3
Objectives	3	State specific objectives, including any prespecified hypotheses	3
Methods			
Study design	4	Present key elements of study design early in the paper	5
Setting	5	Describe the setting, locations, and relevant dates, including periods of	4,11
		recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of	4,5
Tarticipants		participants. Describe methods of follow-up	
		(b) For matched studies, give matching criteria and number of exposed and	
		unexposed	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders,	5,6
		and effect modifiers. Give diagnostic criteria, if applicable	
Data sources/	8	For each variable of interest, give sources of data and details of methods of	5,6
measurement		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	7,9
Study size	10	Explain how the study size was arrived at	6,11
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If	5,6
		applicable, describe which groupings were chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to control for	5
		confounding	
		(b) Describe any methods used to examine subgroups and interactions	5,6
		(c) Explain how missing data were addressed	6
		(d) If applicable, explain how loss to follow-up was addressed	6
		(e) Describe any sensitivity analyses	5
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers	6,
1 articipants	13		11(Fig.1)
		notentially eligible, examined for eligibility, confirmed eligible, included in	\ \ \ \ /
		potentially eligible, examined for eligibility, confirmed eligible, included in the study completing follow-up, and analysed	
		the study, completing follow-up, and analysed	11(Fig.1)
		the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage	, , ,
Descriptive data	14*	the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	11(Fig.1)
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Descriptive data	14*	the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	11(Fig.1) 11 6,
Descriptive data	14*	the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram (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	11(Fig.1) 11 6, 16(table1)
Descriptive data	14*	the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	11(Fig.1) 11 6, 16(table1)

16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their	5,6
	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	
17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity	6,7
	analyses	
18	Summarise key results with reference to study objectives	7-9
19	Discuss limitations of the study, taking into account sources of potential bias or imprecision	
	Discuss both direction and magnitude of any potential bias	
20	Give a cautious overall interpretation of results considering objectives, limitations,	7-9
	multiplicity of analyses, results from similar studies, and other relevant evidence	
21	Discuss the generalisability (external validity) of the study results	7-9
on		
22	Give the source of funding and the role of the funders for the present study and, if	1
	applicable, for the original study on which the present article is based	
	17 18 19 20 21 on	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 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses Summarise key results with reference to study objectives Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Discuss the generalisability (external validity) of the study results on

^{*}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 http://www.strobe-statement.org.