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

| | Item No | Recommendation | Manuscript |
|------------------------|------------|--|----------------|
| Title and abstract | 1 | (a) Indicate the study's design with a commonly used term in the | Title Page |
| Title and abstract | • | title or the abstract | The Tuge |
| | | (b) Provide in the abstract an informative and balanced summary | Abstract |
| | | of what was done and what was found | |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the | pages 1-2 |
| | | investigation being reported | F-20-2 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | page 3 |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | pages 3-4 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including | page 4 |
| | | periods of recruitment, exposure, follow-up, and data collection | 1 |
| Participants | 6 | (a) Give the eligibility criteria, and the sources and methods of | page 4 |
| | | selection of participants | 7 0 |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential | pages 4-7 |
| | | confounders, and effect modifiers. Give diagnostic criteria, if | |
| | | applicable | |
| Data sources/ | 8* | For each variable of interest, give sources of data and details of | pages 4-7 |
| measurement | | methods of assessment (measurement). Describe comparability of | Table 1 |
| | | assessment methods if there is more than one group | |
| Bias | 9 | Describe any efforts to address potential sources of bias | Study protocol |
| | | | (GEDA-EHIS) |
| Study size | 10 | Explain how the study size was arrived at | page 4 |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. | pages 4-7 |
| | | If applicable, describe which groupings were chosen and why | Table 1 |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to | pages 8-9 |
| | | control for confounding | |
| | | (b) Describe any methods used to examine subgroups and | n/a |
| | | interactions | |
| | | (c) Explain how missing data were addressed | page 9 |
| | | (d) If applicable, describe analytical methods taking account of | page 8 |
| | | sampling strategy | |
| | | (\underline{e}) Describe any sensitivity analyses | pages 6+11 |
| Results | | | |
| Participants | 13* | (a) Report numbers of individuals at each stage of study—eg | page 4; |
| | | numbers potentially eligible, examined for eligibility, confirmed | Study protocol |
| | | eligible, included in the study, completing follow-up, and | (GEDA-EHIS) |
| | | analysed | |
| | | (b) Give reasons for non-participation at each stage | |
| | | (c) Consider use of a flow diagram | |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, | Table 1 |
| | | clinical, social) and information on exposures and potential | |
| | | confounders | |
| | | (b) Indicate number of participants with missing data for each | Supplementary |

| | | variable of interest | Table 1 |
|-------------------|-----|---|---------------|
| Outcome data | 15* | Report numbers of outcome events or summary measures | |
| Main results | 16 | (a) Give unadjusted estimates and, if applicable, confounder- | Table 2; |
| | | adjusted estimates and their precision (eg, 95% confidence | Supplementary |
| | | interval). Make clear which confounders were adjusted for and | Tables 2+4 |
| | | why they were included | |
| | | (b) Report category boundaries when continuous variables were | Table 1 |
| | | categorized | |
| | | (c) If relevant, consider translating estimates of relative risk into | n/a |
| | | absolute risk for a meaningful time period | |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and | page 11; |
| | | interactions, and sensitivity analyses | Supplementary |
| | | | Tables 3, |
| | | | Supplementary |
| | | | Figure 1 |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | page 12 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of | pages 17-19 |
| | | potential bias or imprecision. Discuss both direction and | |
| | | magnitude of any potential bias | |
| Interpretation | 20 | Give a cautious overall interpretation of results considering | pages 13-17 |
| | | objectives, limitations, multiplicity of analyses, results from | |
| | | similar studies, and other relevant evidence | |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | page 19 |
| Other information | | | |
| Funding | 22 | Give the source of funding and the role of the funders for the | n/a |
| | | present study and, if applicable, for the original study on 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.