

**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
<b>Introduction</b>			
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.
<b>Methods</b>			
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,

			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
<b>Results</b>			
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.

		(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.
<b>Discussion</b>			
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.
<b>Other information</b>			
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](http://www.strobe-statement.org).