

Population Medicine

Supplementary file

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STROBE Checklist for Cross-Sectional Studies

STrengthening the Reporting of OBservational studies in Epidemiology

Manuscript: Association between documented tuberculosis history and COPD among patients attending respiratory clinics in Jember, Indonesia

Item No	Section/Topic	Recommendation	Status	Page/Location & Notes
TITLE AND ABSTRACT				
1a	Title	Indicate the study's design with a commonly used term in the title or the abstract.	Yes	"cross-sectional study" in title.
1b	Abstract	Provide in the abstract an informative and balanced summary of what was done and what was found.	Yes	Structured abstract (Introduction, Methods, Results, Conclusions) present.
INTRODUCTION				
2	Background/ratio nale	Explain the scientific background and rationale for the investigation being reported.	Yes	Background on COPD, TB burden, and Jember setting provided.
3	Objectives	State specific objectives, including any prespecified hypotheses.	Yes	Study aim clearly stated in final paragraph of Introduction.
METHODS				
4	Study design	Present key elements of study design early in the paper.	Yes	"multicenter clinic-based cross-sectional study" stated in first sentence of Methods.
5	Setting	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Yes	Three clinics in Jember Regency; January–December 2022 specified.
6	Participants	Give the eligibility criteria, and the sources and methods of selection of participants.	Yes	Inclusion and exclusion criteria listed explicitly.
7	Variables	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Yes	Primary outcome (COPD), exposure (TB history), and all covariates defined.
8	Data sources/measure ment	For each variable of interest, give sources of data and details of methods of assessment (measurement).	Yes	Standardized data extraction form, paper and electronic records described.
9	Bias	Describe any efforts to address potential sources of bias.	Yes	Selection and misclassification bias acknowledged in Discussion
10	Study size	Explain how the study size was arrived at (sample size calculation or use of all available records).	Yes	Total population of 1,730 mentioned
11	Quantitative variables	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.	Partial	Age categorized as ≤45 vs. >45 years, but no explicit justification for this cut-off provided.
12a	Statistical methods	Describe all statistical methods, including those used to control for confounding.	Yes	Poisson regression with robust variance, bivariate and multivariable models described.
12b	Subgroups/intera ctions	Describe any methods used to examine subgroups and interactions.	N/A	No subgroup or interaction analyses conducted.
12c	Missing data	Explain how missing data were addressed.	Partial	Missing data handling mentioned (exclusion); predefined rules cited but not detailed.
12d	Sampling strategy	If applicable, describe analytical methods taking account of sampling strategy.	N/A	Not applicable; all eligible records during study period included.

Item No	Section/Topic	Recommendation	Status	Page/Location & Notes
12e	Sensitivity analyses	Describe any sensitivity analyses.	No	No sensitivity analyses were performed or reported.
RESULTS				
13a	Participants – numbers	Report numbers of individuals at each stage of study (eligible, examined, confirmed eligible, included, analysed).	Partial	Total eligible (1,730) and included (1,576) stated; reasons for exclusion briefly noted but not fully itemized by stage.
13b	Non-participation reasons	Give reasons for non-participation at each stage.	Yes	Exclusion reasons stated (missing COPD/TB data, duplicates).
13c	Flow diagram	Consider use of a flow diagram.	Yes	Flow diagram referenced as Figure 1.
14a	Descriptive data	Give characteristics of study participants (demographic, clinical, social) and information on exposures and potential confounders.	Yes	Participant characteristics reported in Table 1.
14b	Missing data per variable	Indicate number of participants with missing data for each variable of interest.	Yes	Number of missing values per variable reported.
15	Outcome data	Report numbers of outcome events or summary measures.	Yes	COPD prevalence (67.1%, n=1,058 of 1,576) and TB history (27.5%) reported.
16a	Main results	Give unadjusted and adjusted estimates and their precision (95% CI). Make clear which confounders were adjusted for and why.	Yes	Crude and adjusted PR with 95% CI reported; confounders listed.
16b	Category boundaries	Report category boundaries when continuous variables were categorized.	Partial	Age cut-off (≤ 45 vs. > 45 years) reported.
16c	Absolute risk	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.	N/A	Cross-sectional design; prevalence ratios used directly. Not applicable.
17	Other analyses	Report other analyses done, e.g. analyses of subgroups and interactions, and sensitivity analyses.	N/A	No other analyses conducted.
DISCUSSION				
18	Key results	Summarise key results with reference to study objectives.	Yes	Key findings summarised in opening paragraph of Discussion.
19	Limitations	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of potential bias.	Yes	Cross-sectional design, lack of spirometry, selection bias, residual confounding all addressed.
20	Interpretation	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	Yes	Comparison with international studies provided; cautious interpretation maintained.
21	Generalisability	Discuss the generalisability (external validity) of the study results.	Yes	Limits to generalisability noted due to clinic-based sample and referral patterns.
OTHER INFORMATION				
22	Funding	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.	Yes	Funding section included in current draft.

Legend:	Yes — fully met	Partial — partially met	No — not met
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	N/A — not applicable		
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Note: Items marked with * in the original STROBE checklist require information to be given separately for each study group where applicable. This checklist follows the STROBE Statement v4 for cross-sectional studies (von Elm et al., 2007; Lancet 370:1453–1457).