

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

	Item No	Recommendation
<b>Title and abstract</b>	1	<p>(a) Indicate the study’s design with a commonly used term in the title or the abstract:</p> <p style="text-align: center;">Title: “A Cohort Study of U.S. Adolescents</p> <p>(b) Provide in the abstract an informative and balanced summary of what was done and what was found. <b>√We think the abstract is balanced</b></p>
<b>Introduction</b>		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported <b>√Paras 1 and 2 of the intro do that we think</b>
Objectives	3	State specific objectives, including any prespecified hypotheses <b>√Para 2 intro: “This study tests the hypothesis that exposure to movie alcohol use and alcohol branded merchandise predicts teen alcohol onset and progression to binge drinking”</b>
<b>Methods</b>		
Study design	4	Present key elements of study design early in the paper <b>√ See Overview in Methods section</b>
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection. <b>√We have included a</b>
Participants	6	<p>(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <b>√pp 6-7 of the ms</b></p> <p>(b) For matched studies, give matching criteria and number of exposed and unexposed N/A</p>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable <b>√pp 8-9 of the ms</b>
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 <b>√pp 8-9</b>
Bias	9	Describe any efforts to address potential sources of bias <b>√p9, To ensure confidentiality in these home-based surveys, subjects indicated responses by pressing numbers on the telephone.</b>
Study size	10	Explain how the study size was arrived at <b>√p9, The study was powered to detect an association between movie smoking and smoking onset. For that outcome, we determined that we needed to have successfully follow up 2,200 baseline never smokers in order to achieve a power of 90 percent to detect an adjusted odds ratio of 1.4 using a two-sided test with alpha=0.05.</b>
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why <b>√pp 9-10, statistical analysis section</b>
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding <b>√pp 9-10</b></p> <p>(b) Describe any methods used to examine subgroups and interactions <b>√main effects examined only</b></p> <p>(c) Explain how missing data were addressed pp 9-10, imputation described</p> <p>(d) If applicable, explain how loss to follow-up was addressed pp9-10, imputation</p>

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**Results**

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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  $\sqrt{\text{see page 7, After the baseline questionnaire, the adolescents were followed up every 8 months for three more telephone surveys (n = 5503, 5019, and 4575 for waves 2, 3, and 4 respectively). Attrition analyses indicated that adolescents lost to follow up were more likely to be non white; were from families with lower parental education and income, rented vs. owned their residence; had poorer school performance; and higher levels of sensation seeking.}}$

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(b) Give reasons for non-participation at each stage Unable to contact by phone

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(c) Consider use of a flow diagram **have included a flow diagram as an appendix, explaining sample selection**

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Descriptive data 14\* (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders  $\sqrt{\text{See table 1}}$

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(b) Indicate number of participants with missing data for each variable of interest Data for missing was imputed

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(c) Summarise follow-up time (eg, average and total amount)  $\sqrt{\text{This is evident from the loss to follow up by wave numbers}}$

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Outcome data 15\* Report numbers of outcome events or summary measures over time  $\sqrt{\text{See table 2}}$

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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 See tables 4 and 5

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(b) Report category boundaries when continuous variables were categorized  $\sqrt{\text{Statistical methods: To aid in comparison of the adjusted hazard ratios, continuous covariates were scaled such that zero corresponded to the 5th percentile and 1 to the 95th percentile for their distributions, with extreme values in either direction recoded to 0 or 1 to minimize outlier influence. Ordinal variables were scaled so that the lowest value was equal to 0 and the highest value was equal to 1. Some variables that were protective (e.g., authoritative parenting, extracurricular involvement) were reversed (unskilled parenting, low extracurricular involvement), so that all hazard ratios were  $\geq 1.0$ . This rescaling procedure allowed for comparison of the effect sizes between continuous, dichotomous and ordered categorical variables.}}$

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(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period  $\sqrt{\text{See attributable risk estimates}}$

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Other analyses 17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses  $\sqrt{\text{No subgroups analysis done}}$

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**Discussion**

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Key results 18 Summarise key results with reference to study objectives  $\sqrt{\text{We feel that the discussion does this.}}$

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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 ✓**We feel that the discussion does this**

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Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence ✓ <b>We think the influenza comparison is valid, understand that you may think it an overstatement</b>
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Generalisability	21	Discuss the generalisability (external validity) of the study results ✓ SEE LIMITATIONS: Consistent with other contemporary random digit dial household surveys, the response rate for this study was moderate and should be considered for the generalizability of the results, though the sample was representative with respect to most sociodemographic categories. Also there was attrition from the panel, and although attrition effects were considered in the imputation, this should be recognized as a limit to the ability to generalize to minority groups more likely to drop out of the study.
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**Other information**

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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 ✓ <b>Done</b>
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\*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>.