See comments in red below:

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

	Item No	Recommendation
Title and abstract	1, *Yes*	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2, *Yes*	Explain the scientific background and rationale for the investigation being reported
Objectives	3, *Yes*	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4, Yes	Present key elements of study design early in the paper
Setting	5, Yes	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6, Yes	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants
Variables	7, Yes	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*, Yes	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
Bias	9, Yes	Describe any efforts to address potential sources of bias
Study size	10, No	Explain how the study size was arrived at In the Norwegian national study standard power calculations at the hospital level in national user experience surveys were followed, this study is at the aggregated national level and separate power calculations is not necessary because of the large sample size. Because of the low population rate on the Faroe islands, all patients discharged from the three hospitals (during the inclusion period in the study) were included in the pilot study. 500 patients were randomly selected in the three pilots in Finland, Norway, and Sweden. 500 persons are standard procedure in pilots in the Scandinavian countries because that usually results in 2-300 responses which are preferable for the statistical analysis and for the factor analysis.
Quantitative variables	11, Yes	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12, Yes a, b, c	(*a*) Describe all statistical methods, including those used to control for confounding: principal component analysis (PCA), internal consistency by item-total correlation and Cronbach's alpha. Test-retest was conducted in the Norwegian national study.
		(*b*) Describe any methods used to examine subgroups and interactions Construct validity by means of correlation analysis by Pearson's R.

		(*c*) Explain how missing data were addressed. Table 2 accounts for level of missing data for the eight NORPEQ items and for the NORPEQ scores for each country.
		(*d*) If applicable, describe analytical methods taking account of sampling strategy. Not relevant
		(*e*) Describe any sensitivity analyses. Not considered relevant.
Results		
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 Not relevant
		(b) Give reasons for non-participation at each stage Not relevant
		(c) Consider use of a flow diagram. Not relevant
Descriptive data	14*Yes a+b	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders. Table 1 contains information regarding respondents and non-respondent: age, gender, admission type, and length of hospital stay.
		(b) Indicate number of participants with missing data for each variable of interest. Table 2 contains number of participants with missing data on each item of interest in the paper.
Outcome data	15*, ??	Report numbers of outcome events or summary measures. Not relevant.
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. Not relevant
		(*b*) Report category boundaries when continuous variables were categorized. Not relevant
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period. Not relevant
Other analyses	17 Yes	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses. Translation of questionnaire and testing of questionnaire.
Discussion		
Key results	18 Yes	Summarise key results with reference to study objectives.
Limitations	19 Yes	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20 Yes	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21 Yes	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22 Not relevant	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

*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.