STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	4 (in submitted pdf)	Longitudinal Record-Linkage Study
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	5	
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	6-8	
Objectives	3	State specific objectives, including any prespecified hypotheses	8	
Methods				
Study design	4	Present key elements of study design early in the paper	9	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	9	
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	9-10	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	N/A	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	10	Data elements that were included in the cohort file for submission for linkage to STC included demographic information (name, sex, date of birth, social insurance number

				[SIN]), occupational data (rank, enrolment and release date[s], command [Regular or Reserve C], element [Army, Navy, Air Force]), and deployment and foreign posting data (including location and start and stop dates). Multiple enrolments and releases (if relevant) were also captured.
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	9	
Bias	9	Describe any efforts to address potential sources of bias	10; 15-16	(Pg. 10: Issues around exclusion of Reservists A & B; Pg. 15-16; Changes in ICD-coding over time)
Study size	10	Explain how the study size was arrived at	N/A	Study protocol

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	N/A	Study protocol
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	N/A	Study protocol
		(*b*) Describe any methods used to examine subgroups and interactions	N/A	Study protocol
		(*c*) Explain how missing data were addressed	N/A	Study protocol
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	N/A	Study protocol
		(*e*) Describe any sensitivity analyses	N/A	Study protocol
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	N/A	Study protocol
		(b) Give reasons for non-participation at each stage	N/A	Study protocol
		(c) Consider use of a flow diagram	24	Describes building of cohort
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	N/A	Study protocol
		(b) Indicate number of participants with missing data for each variable of interest	N/A	Study protocol
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	N/A	Study protocol
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	N/A	Study protocol
		Case-control study—Report numbers in each exposure category, or summary measures of exposure		
		Cross-sectional study—Report numbers of outcome events or summary measures		
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	N/A	Study protocol
		(*b*) Report category boundaries when continuous variables were categorized	N/A	Study protocol
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A	Study protocol

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A	Study protocol
Discussion				
Key results	18	Summarise key results with reference to study objectives	N/A	Study protocol
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	N/A	Study protocol
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	N/A	Study protocol
Generalisability	21	Discuss the generalisability (external validity) of the study results	N/A	Study protocol
Other information				
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	10	CAF Surgeon General Health Research Fund

*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.