

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

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract A cross-sectional observational study among randomly selected adult patients with diabetes. (b) Provide in the abstract an informative and balanced summary of what was done and what was found There were 77% classified as having type 2 diabetes vs. 23% type 1 diabetes. In 4% tuberculosis (TB) was suspected and prevalence of human immunodeficiency virus (HIV) was 13.6%. Level of education was high in 52%. Mean HbA1C was 7.1% and 15.9% had an HbA1c <5.5%. HbA1C was significantly higher in type 1 vs. type 2 diabetes ($P < .001$). Mean body mass index (BMI) was 30.1 kg/m². The mean BMI for females 31.4 kg/m² (SD 5.9) was significantly higher than that for males 26.9 kg/m² (SD 4.6), ($P = .001$). Arterial hypertension was diagnosed in 61% and 52% had a systolic blood pressure >140 mmHg. Among all participants, 23% had estimated glomerular filtration rate (eGFR) corresponding to stage 3 and above chronic kidney diseases (CKD). The majority of patients (62%) could not name their diabetes type or causes; 75% of participants expressed a significant fair overall QoL.
Introduction		
Background/rationale	2	<i>Explain the scientific background and rationale for the investigation being reported</i> line 29-31 Little is known about the demographic characteristics, health status, disease specific knowledge and subjective quality of life of patients with diabetes in Malawi. Only one study explored diabetes patients in Queen Elisabeth Hospital in Blantyre in 2010 .
Objectives	3	State specific objectives, including any prespecified hypotheses line 44-46: This study describes demographic characteristics, associated health problems, knowledge profile and QoL profile of patients with diabetes at an outpatient service at Kamuzu Central Hospital (KCH), Lilongwe, Malawi
Methods		
Study design	4	Present key elements of study design early in the paper Line 50-52: In a cross-sectional observational design, participants were randomly selected over a period of six consecutive clinic days; patients were eligible if they were adults (>18 years), diagnosed with type 1 or type 2 diabetes, registered and receiving care at the diabetes clinic (DC)
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection line 63-68 and 72-78
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of

participants

line 50-57

patients were eligible if they were adults (>18 years), diagnosed with type 1 or type 2 diabetes, registered and receiving care at the diabetes clinic (DC). Consents were obtained.

During a clinic day on Tuesday, all patients received usually a number upon arrival. Using a random number generator (Microsoft excel), a subset of patients was selected. If after being initially selected, patients declined to participate or did not meet eligibility criteria, they were substituted with subsequent patients. After randomization and consent procedures, another numbered recruitment cards were distributed.

Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Diagnostic criteria: These are described for all variable of interest in the section 2.2, 2.3, 2.4
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
Bias	9	Describe any efforts to address potential sources of bias addressed in section 3.2.8
Study size	10	Explain how the study size was arrived at see selection figure 1 see limitation 3.2.8. line 321 -324
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding see section 2.6. (b) Describe any methods used to examine subgroups and interactions n.a (c) Explain how missing data were addressed n.a. complete data sets or all patient (d) If applicable, describe analytical methods taking account of sampling strategy n.a (e) Describe any sensitivity analyses n.a.

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 see also fig 1 (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram see fig.1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders see section 3.1.1 and table 1

		(b) Indicate number of participants with missing data for each variable of interest recorded in each result table
Outcome data	15*	Report numbers of outcome events or summary measures n.a.
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. see tables for results (b) Report category boundaries when continuous variables were categorized n.a. (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
Discussion		
Key results	18	Summarise key results with reference to study objectives see § one of section 3.2 discussion
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 See section 3.2.8
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence see section 4
Generalisability	21	Discuss the generalisability (external validity) of the study results See section 3.2.8
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 funding ESTHER/GIZ MAGNET Project

*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.