

STROBE STATEMENT

Checklist of items that should be included in reports of observational studies

Title: Assessment of Quadriceps Muscle Thickness Using Bedside Ultrasonography by Nurses and Physicians in ICU: Intra- and Inter-Observer Agreement

Name of the Journal: World Journal of Critical Care Medicine

Manuscript ID - 45427

	Item no.	Recommendations
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract – page 3; line no. 6 (b) Provide in the abstract an informative and balanced summary of what was done and what was found – page no. 3
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported – page no 4 & 5
Objectives	3	State specific objectives, including any prespecified hypotheses – page 5; line 17-19
Methods		
Study design	4	Present key elements of study design early in the paper – page 5; line no 26
Settings	4	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection – page 5; line no. 27 and page no. 6; line no. 1
Participants	5	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up – N/A <i>Case-control study</i> —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 – N/A <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants – page no 5; line no. 26 & 27 and page no 6; line 1-3. (b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed – N/A <i>Case-control study</i> —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 – page no. 6
Data source/measurements	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 – page no. 6
Bias	9	Describe any efforts to address potential sources of bias – N/A
Study size	10	Explain how the study size was arrived at – No calculation of sample size done
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If

		applicable, describe which groupings were chosen and why – page no. 16; last 2 lines and page no 17; line no 1-5
Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding – N/A</p> <p>(b) Describe any methods used to examine subgroups and interactions</p> <p>(c) Explain how missing data were addressed – N/A</p> <p>(d) <i>Cohort study</i>—If applicable, explain how loss to follow-up was addressed – N/A</p> <p><i>Case-control study</i>—If applicable, explain how matching of cases and controls was addressed – N/A</p> <p><i>Cross-sectional study</i>—If applicable, describe analytical methods taking account of sampling strategy. – page no. 16; last 2 lines and page no 17; line no 1-5</p> <p>(e) Describe any sensitivity analyses – page no. 16; last 2 lines and page no 17; line no 1-5</p>
Participant	13	<p>(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</p> <p>(b) Give reasons for non-participation at each stage – N/A</p> <p>(c) Consider use of a flow diagram – N/A</p>
Results		
Descriptive data	14	<p>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders – page no. 7 & Table 1</p> <p>(b) Indicate number of participants with missing data for each variable of interest – N/A</p> <p>(c) <i>Cohort study</i>—Summarise follow-up time (eg, average and total amount) – N/A</p>
Outcome data	15	<p><i>Cohort study</i>—Report numbers of outcome events or summary measures over time – N/A</p> <p><i>Case-control study</i>—Report numbers in each exposure category, or summary measures of exposure – N/A</p> <p><i>Cross-sectional study</i>—Report numbers of outcome events or summary measures – table 1</p>
Main results	16	<p>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 – page no 8-10</p> <p>b) Report category boundaries when continuous variables were categorized – N/A</p> <p>c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period – N/A</p>
Other analysis	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses – N/A
Discussion		
Key results	18	Summarise key results with reference to study objectives – page no. 10; line no. 1-5 below the table

Limitations		Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias – page no 11 last line & page no 12; line no 1-13
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence – page no 12; line no. 15-18
Generalisability	21	Discuss the generalisability (external validity) of the study results - page no. 12; line no. 17-18
Other information		
Source of 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 – page no 2

*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.