# SUPPLEMENTAL MATERIAL

Table S1. Comparison of self-reported family history by sex, stratified by adoption status.

| Not adopted individuals	Female (N=267,550)	Male (N=222,343)	p
Family history of stroke, n (%)	77,319 (28.9%)	59,627 (26.8%)	<0.001
Family history of heart disease, n (%)	127,121 (47.5%)	94,870 (42.7%)	<0.001

Adopted individuals	Female (N=3,089)	Male (N=2,658)	p
Family history of stroke, n (%)	725 (23.5%)	621 (23.4%)	0.949
Family history of heart disease, n (%)	1,276 (41.3%)	969 (36.5%)	<0.001

Figure S1. Associations between self-reported family history illnesses and the stroke PRS with incident stroke stratified by age at baseline in non-adopted individuals.
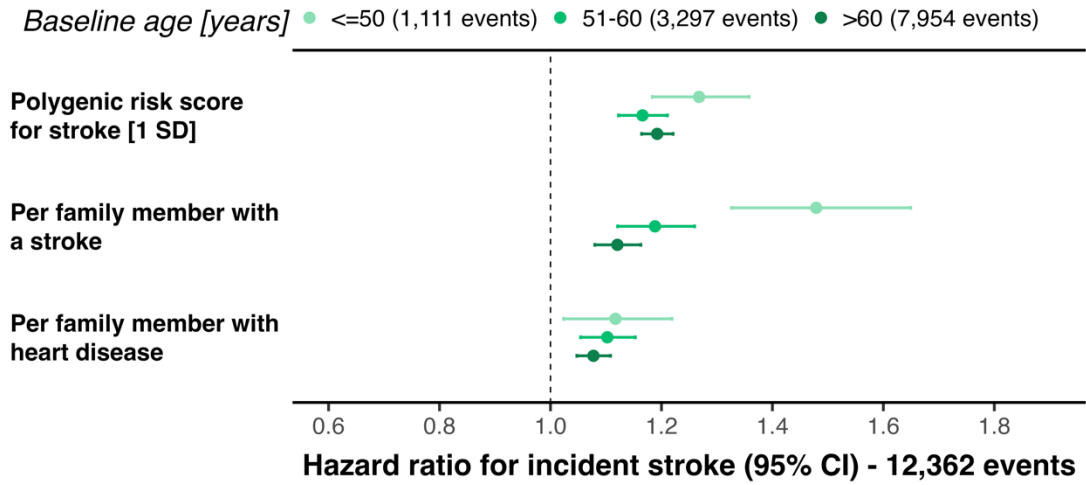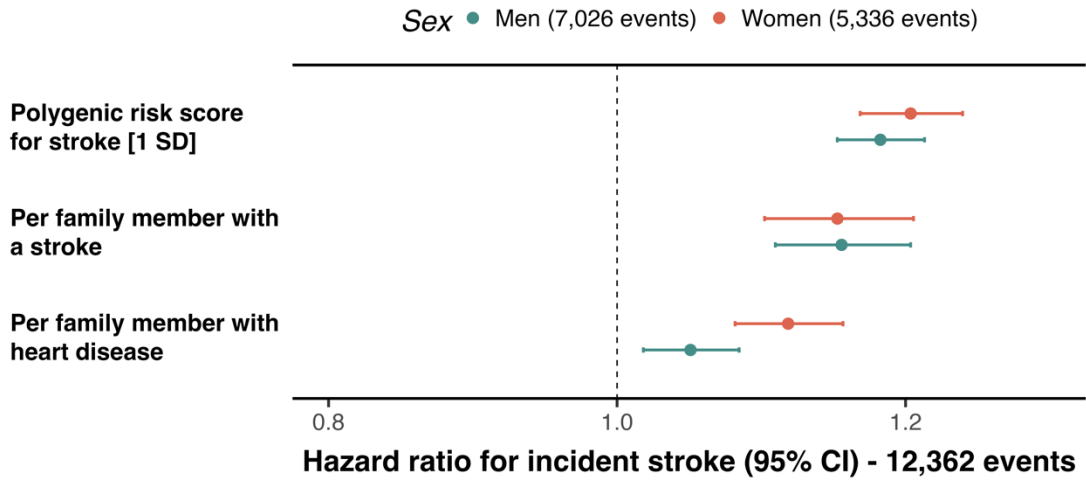

SD – Standard Deviation; CI – Confidence Interval

Figure S2. Associations between self-reported family history illnesses of adopted family members and the stroke PRS with incident stroke stratified by age at baseline in adopted individuals.
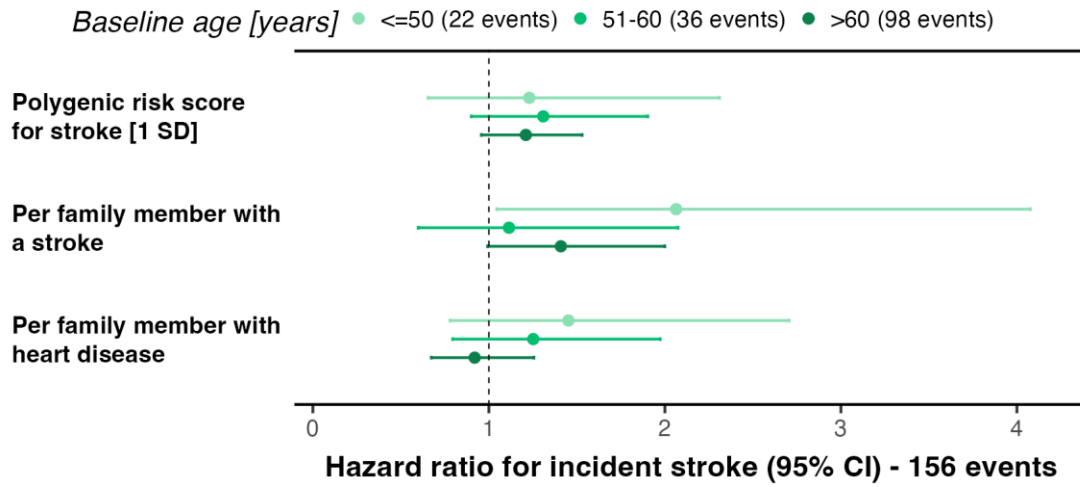
SD – Standard Deviation; CI – Confidence Interval

Figure S3. Associations between self-reported family history illnesses and the stroke PRS with incident stroke stratified by sex in non-adopted individuals.
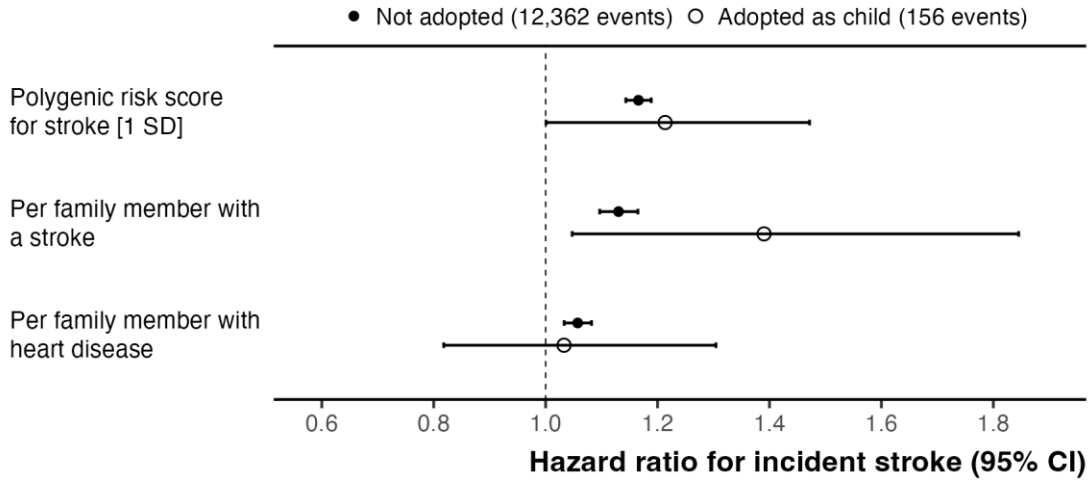

SD – Standard Deviation; CI – Confidence Interval

Figure S4. Associations between self-reported family history illnesses of adopted family members and the stroke PRS with incident stroke stratified by sex in adopted individuals.
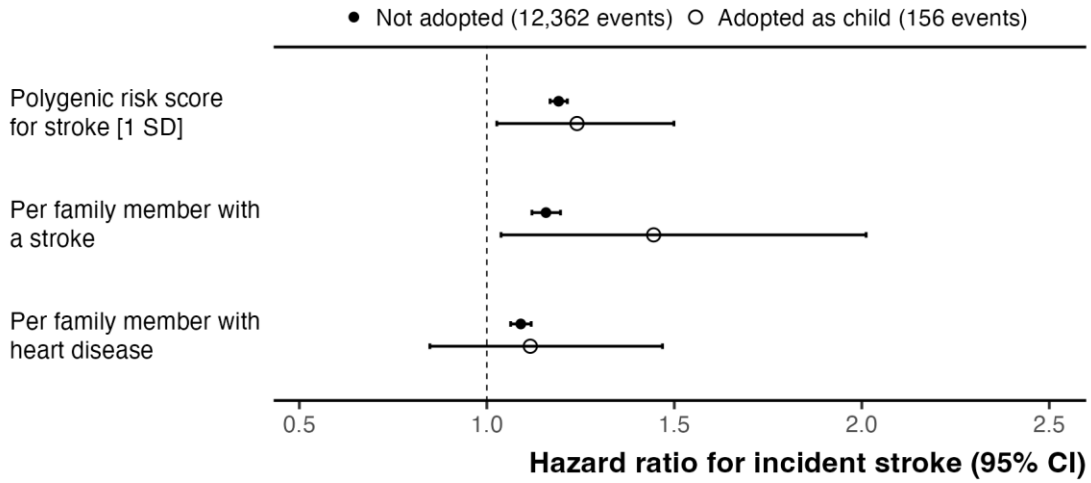

SD – Standard Deviation; CI – Confidence Interval

Figure S5. Associations between self-reported family history illnesses and the stroke PRS with incident stroke in fully adjusted models for cardiovascular risk factors.
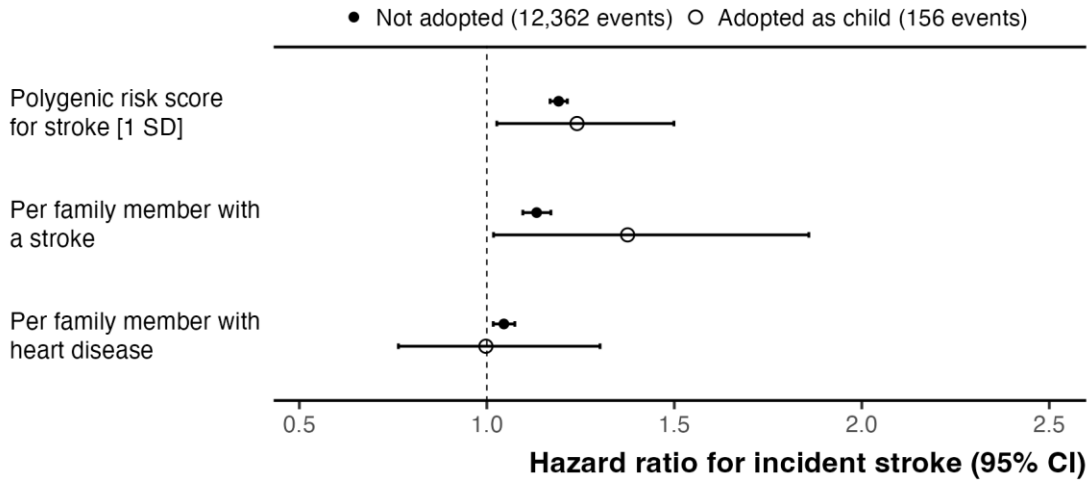

SD – Standard Deviation; CI – Confidence Interval

Figure S6. Associations between self-reported family history illnesses and the stroke PRS with incident stroke in the subpopulation of people with available genetic data and of European genetic ancestry.

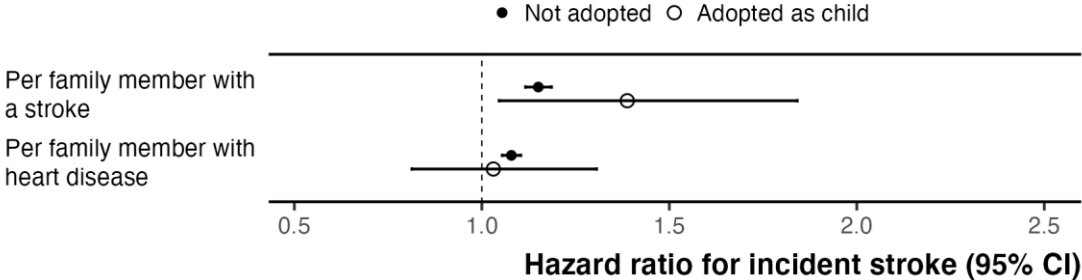*SD – Standard Deviation; CI – Confidence Interval*

Figure S7. Associations between self-reported family history illnesses of parents only (without considering siblings) and the stroke PRS with incident stroke.
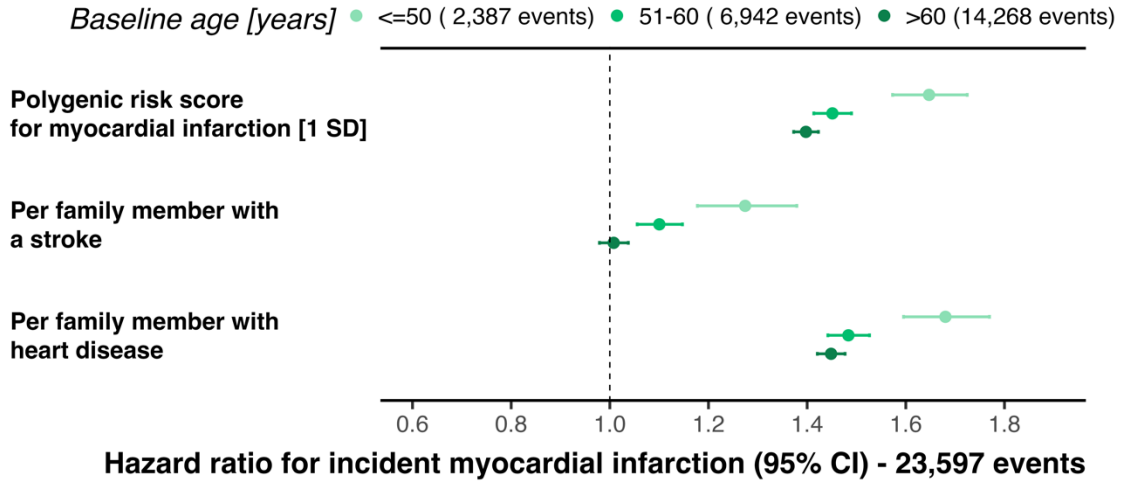

SD – Standard Deviation; CI – Confidence Interval

Figure S8. Associations between self-reported family history of stroke and incident stroke in models adjusted for number of biological and adopted siblings.
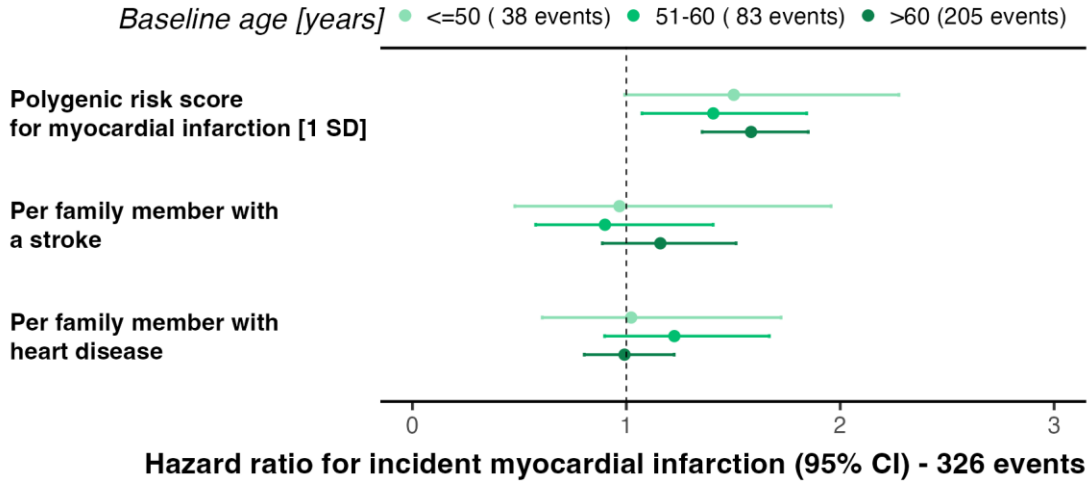

CI – Confidence Interval

Figure S9. Associations between self-reported family history illnesses and the MI PRS with incident MI stratified by age at baseline in non-adopted individuals.
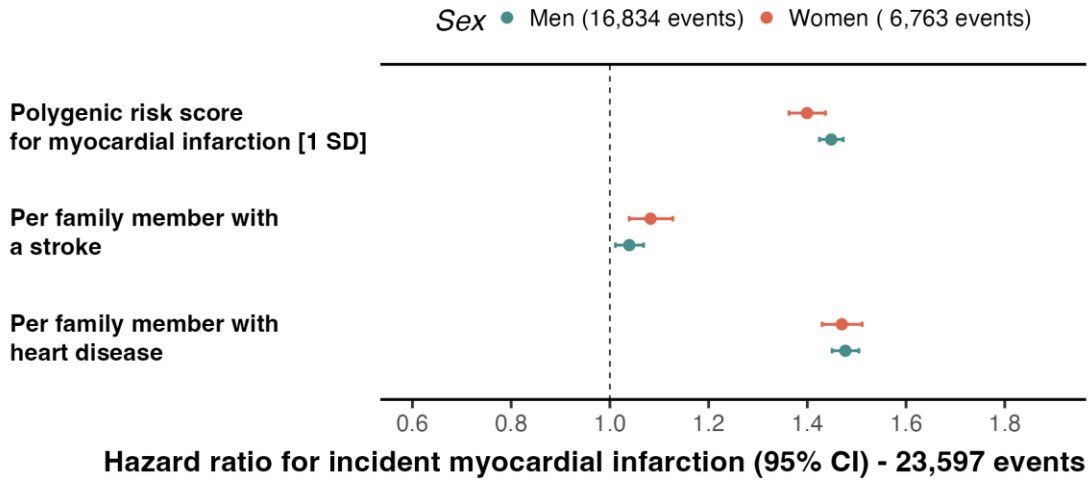

SD – Standard Deviation; CI – Confidence Interval

Figure S10. Associations between self-reported family history illnesses and the MI PRS with incident MI stratified by age at baseline in adopted individuals.
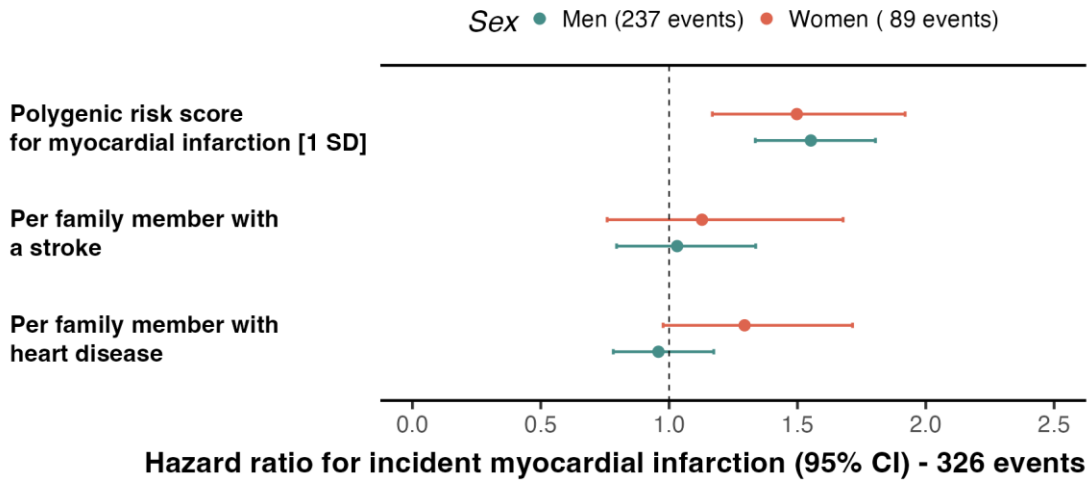

SD – Standard Deviation; CI – Confidence Interval

Figure S11. Associations between self-reported family history illnesses and the MI PRS with incident MI stratified by sex in non-adopted individuals.

SD – Standard Deviation; CI – Confidence Interval

Figure S12. Associations between self-reported family history illnesses and the MI PRS with incident MI stratified by sex in adopted individuals.
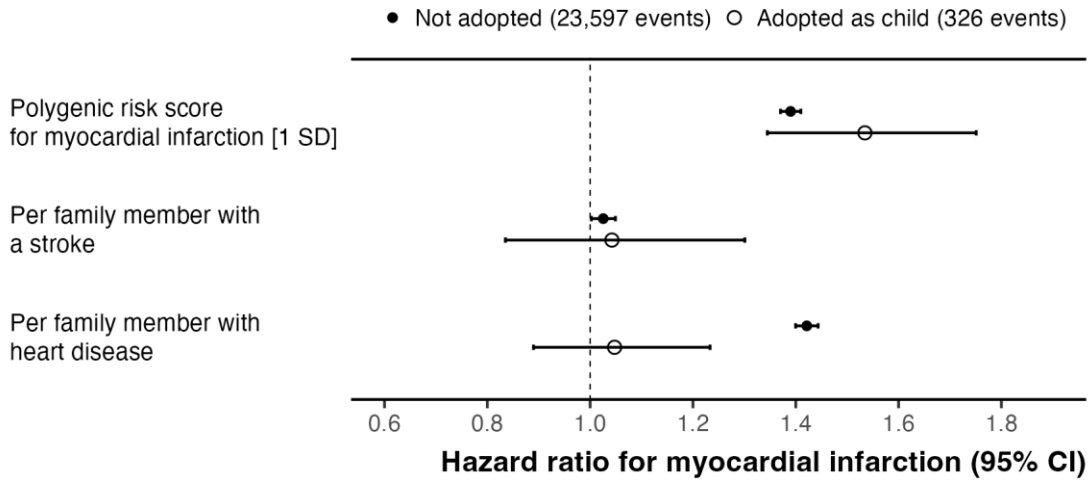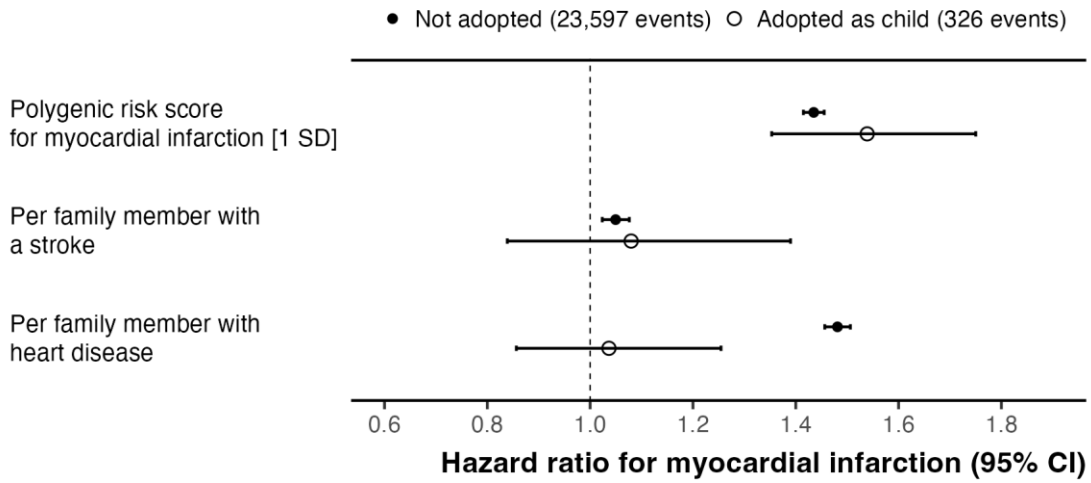

SD – Standard Deviation; CI – Confidence Interval

Figure S13. Associations between self-reported family history illnesses and the MI PRS with incident MI in fully adjusted models for cardiovascular risk factors.

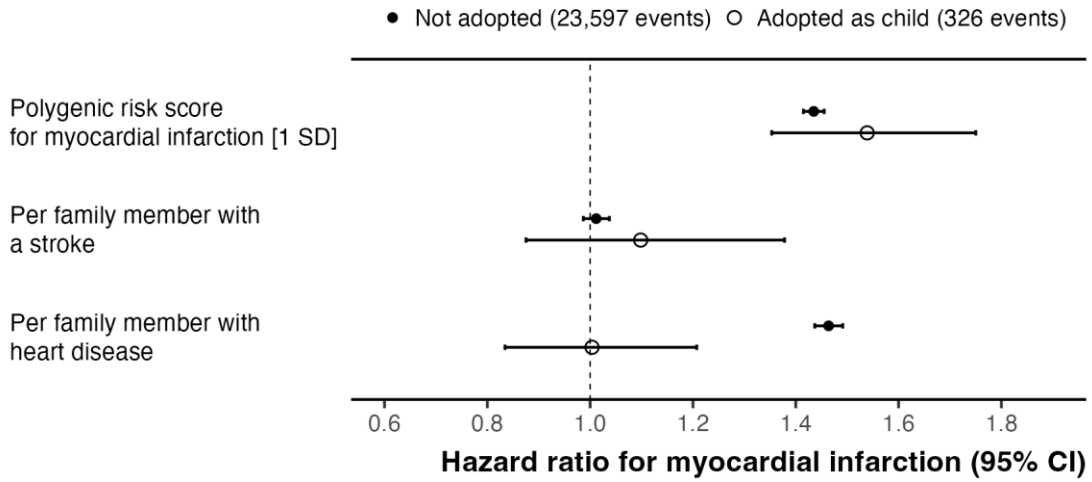*SD – Standard Deviation; CI – Confidence Interval*

Figure S14. Associations between self-reported family history illnesses and the MI PRS with incident MI in the subpopulation of people with available genetic data and of European genetic ancestry.

SD – Standard Deviation; CI – Confidence Interval

Figure S15. Associations between self-reported family history illnesses of parents only (without considering siblings) and the MI PRS with incident MI.

SD – Standard Deviation; CI – Confidence Interval

Figure S16. Associations between self-reported family history of heart disease and incident myocardial infarction in models adjusted for number of biological and adopted siblings.