

SUPPLEMENTAL MATERIAL

Supplemental Table I. Hazard ratio (95% confidence intervals) of stroke mortality according to sleep duration: stratified by gender.

	Daily sleep duration				
	≤5 hours	6 hours	7 hours	8 hours	≥9 hours
Total stroke					
Men					
Cases/person-years	75/31179	143/91355	202/131562	183/114192	90/25362
Multivariate model	1.13 (0.86-1.47)	0.93 (0.75-1.16)	1.00	0.98 (0.80-1.20)	1.49 (1.16-1.92)
Women					
Cases/person-years	104/54584	148/124618	178/177415	183/141504	75/34990
Multivariate model	1.37 (1.08-1.75)	1.10 (0.88-1.37)	1.00	1.23 (1.00-1.51)	1.62 (1.24-2.13)
Ischemic or unspecified stroke					
Men					
Cases/person-years	61/31179	101/91355	148/131562	141/114192	75/25362
Multivariate model	1.25 (0.92-1.69)	0.90 (0.69-1.15)	1.00	1.03 (0.82-1.30)	1.64 (1.23-2.17)
Women					
Cases/person-years	84/54584	120/124618	130/177415	139/141504	60/34990

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Multivariate model	1.48 (1.12-1.95)	1.22 (0.95-1.56)	1.00	1.26 (0.99-1.60)	1.74 (1.28-2.36)
Hemorrhagic stroke					
Men					
Cases/person-years	14/31179	42/91355	54/131562	42/114192	15/25362
Multivariate model	0.80 (0.44-1.44)	1.04 (0.69-1.55)	1.00	0.85 (0.57-1.27)	1.04 (1.58-1.86)
Women					
Cases/person-years	20/54584	28/124618	20/177415	44/141504	15/34990
Multivariate model	1.07 (0.63-1.81)	0.78 (0.49-1.24)	1.00	1.13 (0.75-1.70)	1.30 (0.72-2.33)

*No significant interaction was found for total stroke mortality (P -interaction=0.53), deaths from ischemic or unspecified stroke (P -interaction=0.45), and deaths from hemorrhagic stroke (P -interaction=0.43). The multivariate model adjusted for age at recruitment, year of recruitment (1993-1995, 1996-1998), dialect (Hokkien, Cantonese), education (no formal education, primary school, secondary school or higher), body mass index (<20.0, 20.0-23.9, 24.0-27.9, and ≥ 28.0 kg/m²), alcohol drinking (none, monthly, weekly, daily), years of smoking (never, <20, 20-39, and ≥ 40 years), dose of smoking (never, ≤ 12 , 13-22, 23-32, ≥ 33 cigarettes/day), moderate activity (<0.5, 0.5-3.9, and ≥ 4.0 hours/week), energy intake (kcal/day), dietary intakes of vegetables, fruits, fiber, polyunsaturated fatty acids (g/day, quartiles), self-reported history of physician-diagnosed hypertension, diabetes, stroke and coronary heart disease, and history of cancer reported by the nationwide cancer registry.

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Supplemental Table II. Hazard ratio (95% confidence intervals) of stroke mortality according to joint association between sleep duration and baseline hypertension status.*

Daily sleep duration	Without previous hypertension		With previous hypertension	
	Cases/person-years	Multivariate model	Cases/person-years	Multivariate model
Total stroke				
≤5 hours	97/62600	1.16 (0.94-1.44)	82/23163	2.13 (1.68-2.70)
6-8 hours	627/610999	1.00	410/169648	1.66 (1.45-1.89)
≥9 hours	82/44695	1.38 (1.09-1.74)	83/15648	2.69 (2.12-3.42)
Ischemic or unspecified stroke				
≤5 hours	78/62600	1.23 (0.97-1.57)	67/23163	2.20 (1.69-2.87)
6-8 hours	469/610999	1.00	310/23163	1.59 (1.36-1.85)
≥9 hours	64/44695	1.42 (1.09-1.85)	71/23163	2.82 (2.17-3.66)
Hemorrhagic stroke				
≤5 hours	19/62600	0.95 (0.59-1.52)	15/23163	1.88 (1.09-3.22)
6-8 hours	158/610999	1.00	100/23163	1.95 (1.49-2.54)
≥9 hours	18/44695	1.26 (0.77-2.06)	12/23163	2.10 (1.15-3.82)

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*The multivariate model adjusted for age at recruitment, year of recruitment (1993-1995, 1996-1998), dialect (Hokkien, Cantonese), education (no formal education, primary school, secondary school or higher), body mass index (<20.0 , $20.0-23.9$, $24.0-27.9$, and ≥ 28.0 kg/m²), alcohol drinking (none, monthly, weekly, daily), years of smoking (never, <20 , $20-39$, and ≥ 40 years), dose of smoking (never, ≤ 12 , $13-22$, $23-32$, ≥ 33 cigarettes/day), moderate activity (<0.5 , $0.5-3.9$, and ≥ 4.0 hours/week), energy intake (kcal/day), dietary intakes of vegetables, fruits, fiber, polyunsaturated fatty acids (g/day, quartiles), self-reported history of physician-diagnosed diabetes, stroke and coronary heart disease, and history of cancer reported by the nationwide cancer registry.