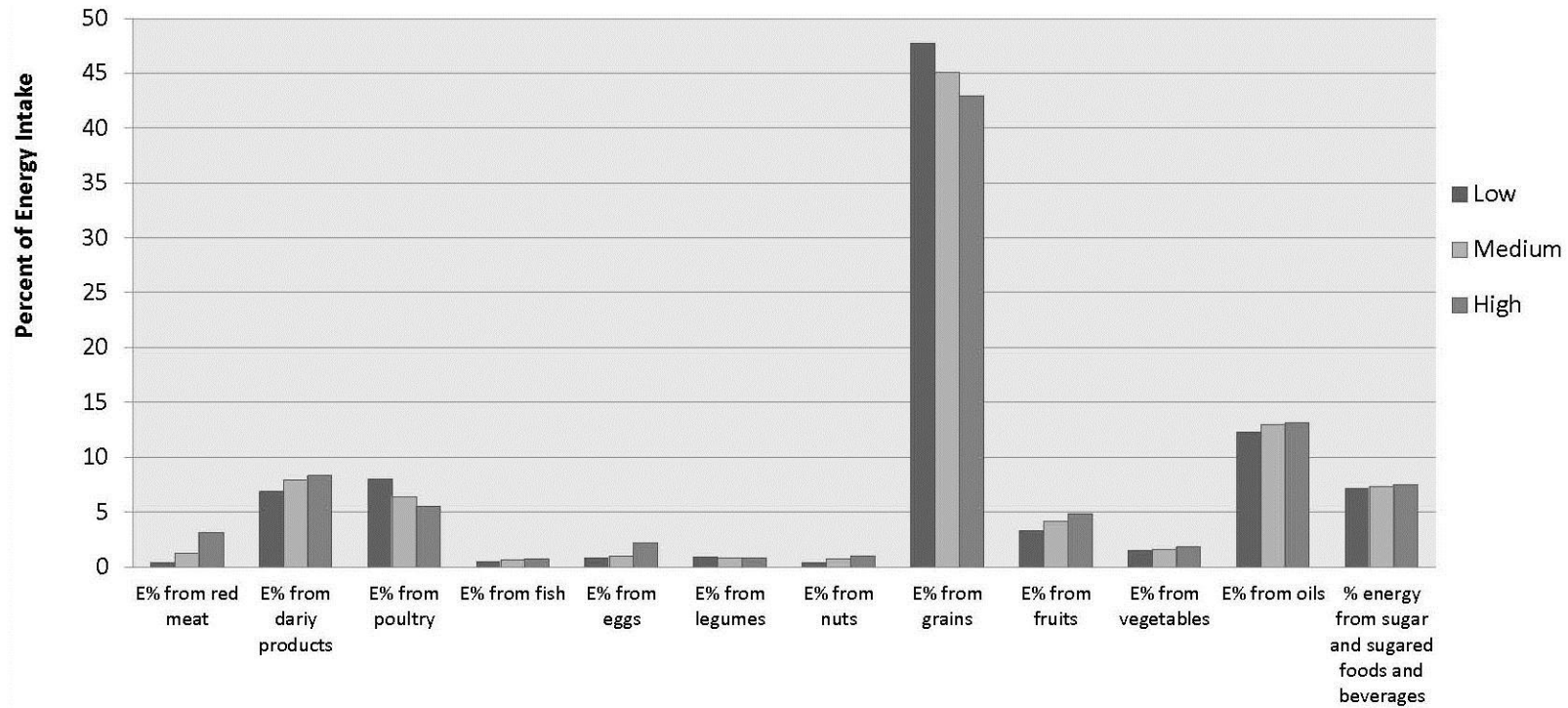


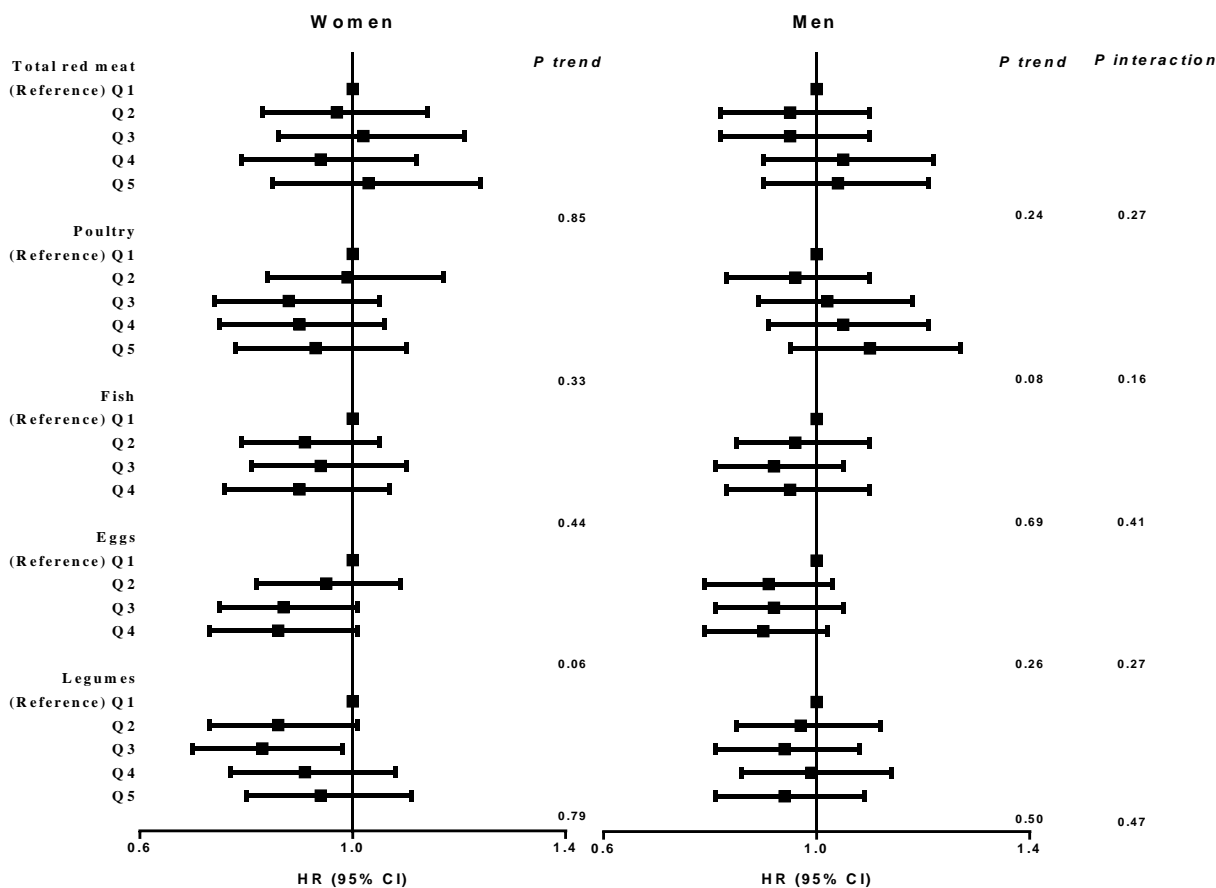
Appendix
Dietary Protein Sources and All-Cause and Cause Specific Mortality: The Golestan Cohort Study in Iran
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Appendix Figure 1. Percent of Energy from Food Groups Based on Low,^a Medium,^a and High^a Red Meat Intake.



^aLow red meat intake:<0.08 serving/day; Medium red meat intake:0.08-0.21 serving/day; High red meat intake:>0.21 serving/day.

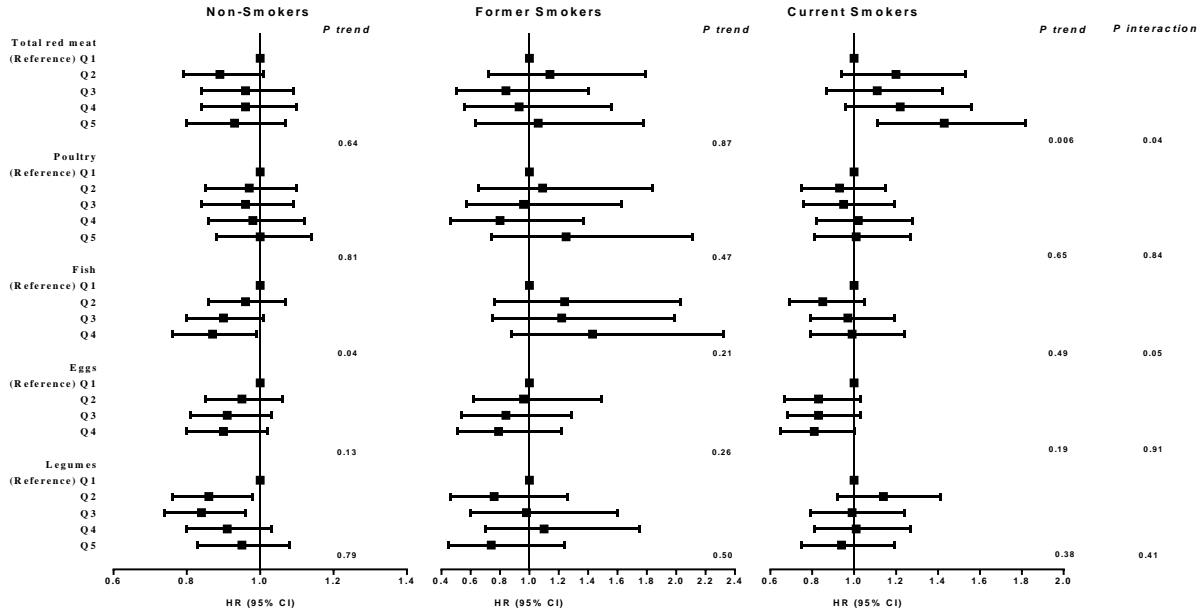
Appendix Figure 2. Risk for all-cause mortality according to quintile of dietary protein sources consumption stratified by gender.



Multivariate-adjusted model was adjusted for age (years), ethnicity (Turkmen, Persian, others), education (illiterate, ≤5 years, 6-8 years, high school, academic), marital status (married, other), residency (rural, urban), smoking (never, former, current <20 p/year, current 20-30 p/year, current ≥30 p/year), opium use (user, non-user), alcohol (user, non-user), BMI (<18.5, 18.5 to <20.0, 20.0 to <22.5, 22.5 to <25.0, 25.0 to <30.0, 30 to <35.0, ≥35.0 kg/m²), systolic blood pressure (quintile), occupational physical activity (sedentary, standing or occasional walking, causing mild increase in heart rate and sweating, causing significant increase in heart rate and sweating), family history of cancer (yes, no), wealth score (quintile), medication (using a fixed-dose combination pill consisting of aspirin, valsartan, atorvastatin, and hydrochlorothiazide; yes/no), and energy intake (quintile).

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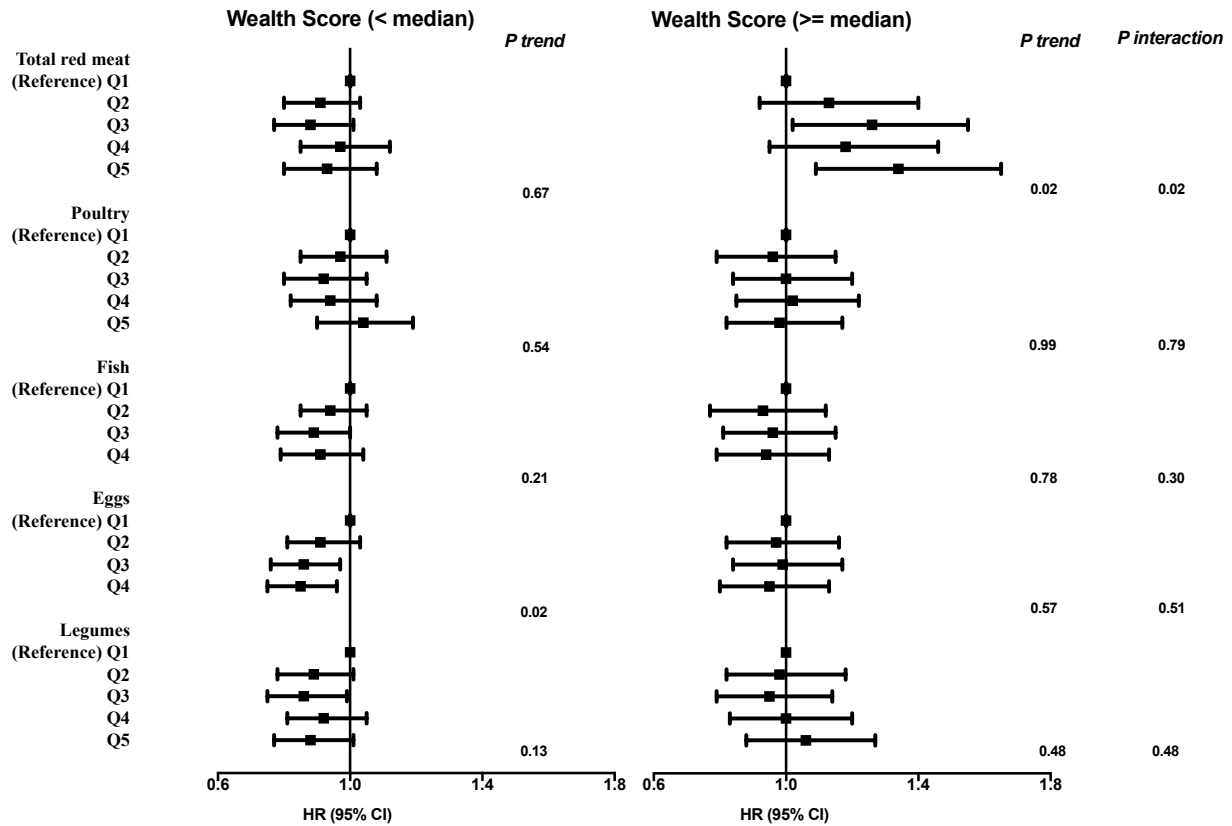
Appendix Figure 3. Risk for all-cause mortality according to quintile of dietary protein sources consumption stratified by smoking status.



Multivariate-adjusted model was adjusted for gender, age (years), ethnicity (Turkmen, Persian, others), education (illiterate, ≤ 5 years, 6-8 years, high school, academic), marital status (married, other), residency (rural, urban), opium use (user, non-user), alcohol (user, non-user), BMI (<18.5 , 18.5 to <20.0 , 20.0 to <22.5 , 22.5 to <25.0 , 25.0 to <30.0 , 30 to <35.0 , ≥ 35.0 kg/m²), systolic blood pressure (quintile), occupational physical activity (sedentary, standing or occasional walking, causing mild increase in heart rate and sweating, causing significant increase in heart rate and sweating), family history of cancer (yes, no), wealth score (quintile), medication (using a fixed-dose combination pill consisting of aspirin, valsartan, atorvastatin, and hydrochlorothiazide; yes/no), and energy intake (quintile).

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Appendix Figure 4. Risk for all-cause mortality according to quintile of dietary protein sources consumption stratified by wealth score.



Multivariate-adjusted model was adjusted for gender, age (years), ethnicity (Turkmen, Persian, others), education (illiterate, ≤ 5 years, 6-8 years, high school, academic), marital status (married, other), residency (rural, urban), smoking (never, former, current < 20 p/year, current 20-30 p/year, current ≥ 30 p/year), opium use (user, non-user), alcohol (user, non-user), BMI (< 18.5 , 18.5 to < 20.0 , 20.0 to < 22.5 , 22.5 to < 25.0 , 25.0 to < 30.0 , 30 to < 35.0 , ≥ 35.0 kg/m²), systolic blood pressure (quintile), occupational physical activity (sedentary, standing or occasional walking, causing mild increase in heart rate and sweating, causing significant increase in heart rate and sweating), family history of cancer (yes, no), medication (using a fixed-dose combination pill consisting of aspirin, valsartan, atorvastatin, and hydrochlorothiazide; yes/no), and energy intake (quintile).