SUPPLEMENTAL MATERIAL

Supplemental Methods

Expanded Materials & Methods

The REGARDS study was specifically designed to examine the geographic and racial variation in stroke incidence and mortality in the US, as well as potential stroke risk factors. Detailed methodological and study design of REGARDS are described in Howard *et al.*.[2] Because higher rates of stroke have been observed among African Americans or in certain areas of the US, the REGARDS study intentionally oversampled African Americans and residents of the "Stroke Belt" to reflect specific age-race-sex-geographic strata. The "Stroke Belt" is comprised of states where stroke mortality exceeds the rest of the US, including Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.[2,3] The REGARDS study aimed to recruit approximately 30,000 participants including 30% from the Stroke Belt, 20% from the Stroke Buckle, and the remainder from elsewhere in the continental U.S. Within each region, approximately one half were Caucasian and one half African American, and within each region-race stratum, approximately one-half were male and one-half female. Finally, the REGARDS study cohort included 30,239 African American and Caucasian participants aged ≥45 years. Participants were enrolled via mail and telephone between January 2003 and October 2007. Following an initial phone interview, blood and urine samples, and anthropometric measurements were collected during an in-person physical assessment 3-4 weeks later. Subsequently, participants were contacted every six months to assess occurrence of stroke events.

Outcome, Exposure, and Covariates

Weight and height, measured at the in-home visit by trained professionals using standardized protocols, were used to calculate BMI (kilograms per meter squared). History of myocardial infarction and atrial fibrillation was determined by ECG evidence of the diseases or self-reported history of the diseases. Hypertension was defined as any self-reported use of blood pressure control medication, systolic blood pressure ≥140 mm Hg, or diastolic blood pressure ≥90 mmHg. Diabetes mellitus was defined as any self-reported use of glucose control medication, fasting blood glucose concentration >126 mg/dL, or non-fasting glucose >200 mg/dL. Dyslipidemia was defined as any self-reported use of lipid control medication or triglycerides ≥240 mg/dL or LDL-cholesterol ≥160 mg/dL or HDL-cholesterol ≤40 mg/dL.