

Adherence to a healthy sleep pattern is associated with lower risks of all-cause, cardiovascular and cancer-specific mortality

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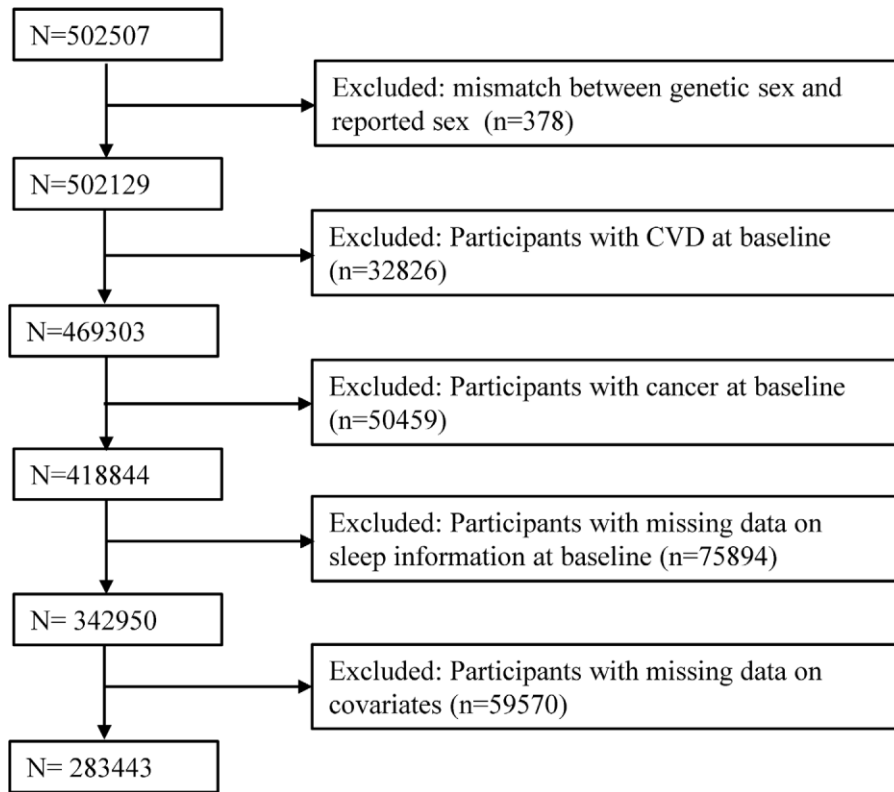
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Supplementary Table 1 Multivariable-adjusted HRs (95% CIs) for Cancer, CVD and all-cause mortality by low-risk sleep factors

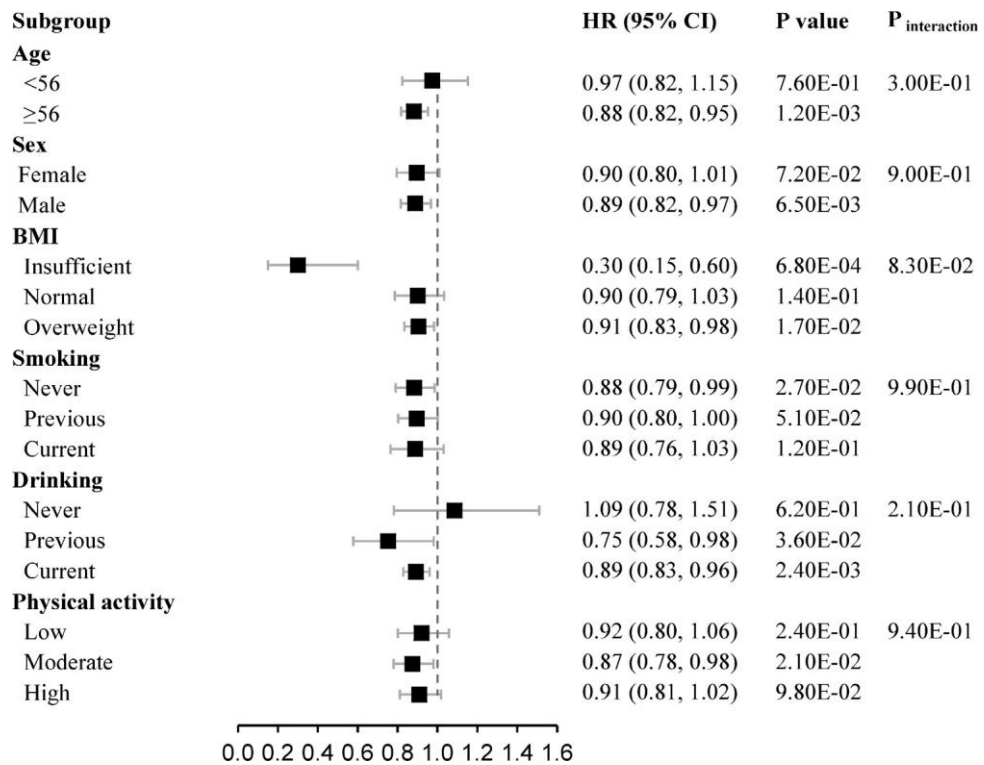
Sleep factors	N (%)	Mortality		
		Cancer	CVD	All-cause
Healthy sleep score	62892 (22.2)	0.96 (0.93, 0.99)	0.89 (0.83, 0.95)	0.94 (0.92, 0.96)
Early chronotype	178160 (62.9)	0.91 (0.86, 0.97)	0.92 (0.79, 1.06)	0.90 (0.86, 0.94)
Sleep 7-8 h/d	197246 (69.6)	0.90 (0.84, 0.96)	0.78 (0.68, 0.91)	0.83 (0.79, 0.86)
Insomnia (never/rare+sometimes)	209507 (73.9)	0.96 (0.90, 1.03)	0.99 (0.84, 1.16)	0.91 (0.87, 0.96)
No frequent daytime sleepiness	276585 (97.6)	0.95 (0.80, 1.13)	0.70 (0.49, 0.99)	0.77 (0.69, 0.86)
No snoring	178022 (62.8)	1.06 (1.00, 1.13)	0.88 (0.76, 1.02)	1.13 (1.08, 1.18)

Data were adjusted for age, sex, assessment centers, smoking status, alcohol intake status, socioeconomic status, and physical activity

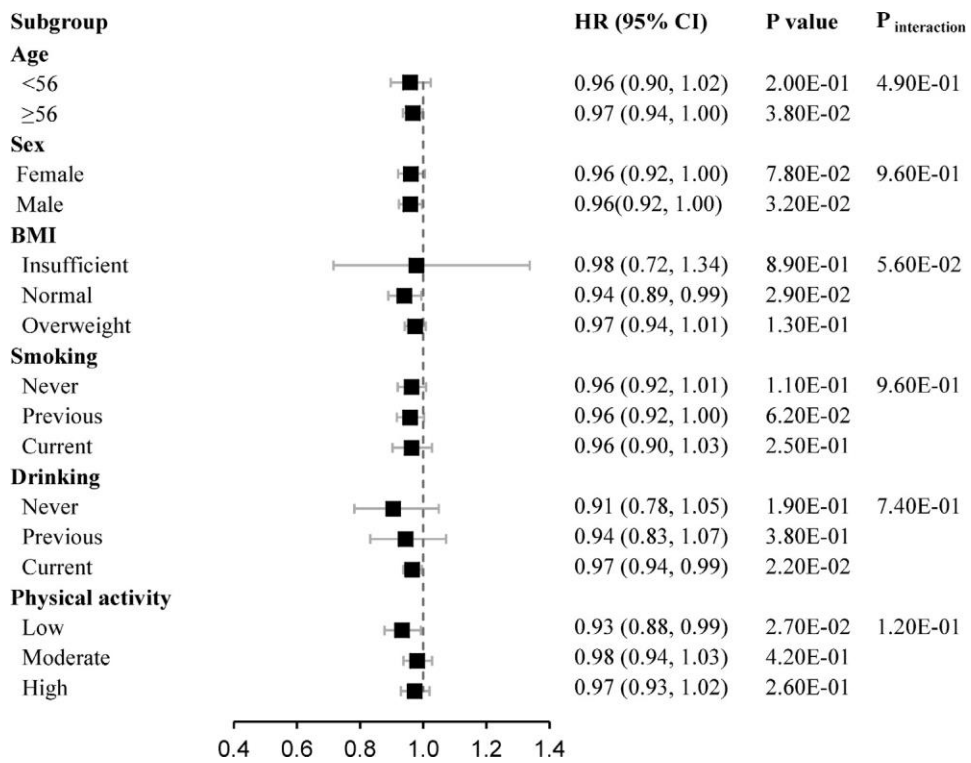
Supplementary figures



Supplementary fig.1 Flow chart for the UK Biobank participants who were included in the analysis.



Supplementary fig.2 Hazard Ratios for death from cardiovascular events in subgroups. Data was adjusted for age, sex, assessment centers, smoking status, alcohol intake status, socioeconomic status, and physical activity.



Supplementary fig.3 Hazard Ratios for death from cancer in subgroups. Data was adjusted for age, sex, assessment centers, smoking status, alcohol intake status, socioeconomic status, and physical activity.