eTable: Results of subgroup analyses of the association between PM$_{2.5}$ levels and the risk of stroke symptom onset.

	Percent Increase in Risk (95% CI)[a]	P$_h$
Primary Analysis	1.1 (-4.0, 6.5)	
Presumed Stroke Etiology		
Cardioembolism	-11.0 (-20.0 to -1.0)	0.042
Small Vessel Occlusion	6.7 (-5.1 to 19.9)	
Large Artery Atherosclerosis	10.0 (-3.7 to 25.5)	
Other	3.6 (-4.5 to 12.4)	
All Non-Cardioembolic Strokes	5.5 (-0.6 to 12.0)	0.006[b]
History of Diabetes		
Yes	10.6 (0.8 to 21.5)	0.033
No	-1.8 (-7.4 to 4.1)	
History of Atrial Fibrillation		
Yes	-7.1 (-17.5 to 4.6)	0.12
No	3.1 (-2.5 to 9.0)	
History of Hypertension		
Yes	0.3 (-5.6 to 6.4)	0.57
No	3.4 (-5.3 to 12.8)	
History of Stroke or Transient Ischemic Attack		
Yes	-5.0 (-12.7 to 3.3)	0.077
No	4.3 (-1.9 to 10.9)	
Smoking History		

Ever	4.6 (-5.5 to 15.8)	0.42
Never	-0.4 (-6.5 to 6.2)	
Sex		
Women	-3.0 (-9.7 to 4.1)	0.11
Men	5.0 (-1.9 to 12.3)	

[a] per 10 µg/m^3 increase in PM$_{2.5}$.

[b] versus association among strokes due cardioembolism.