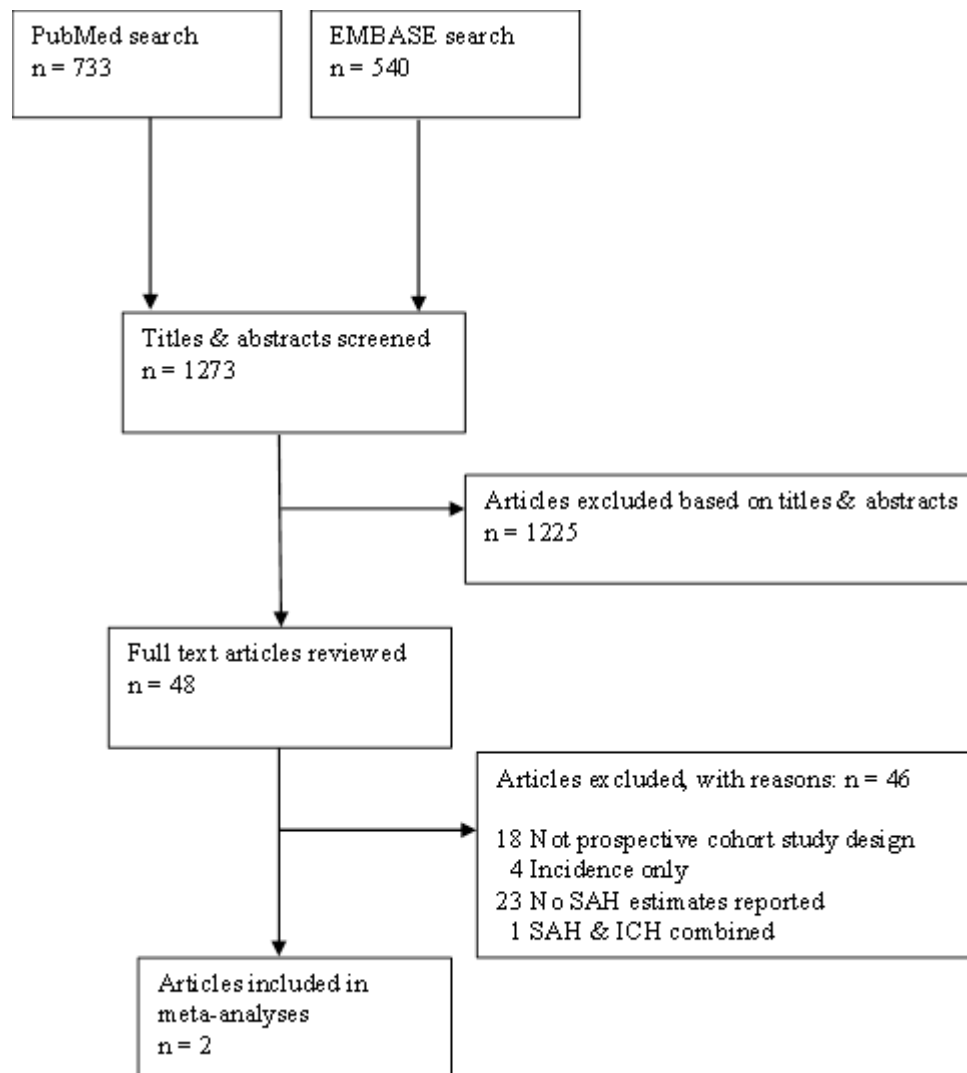
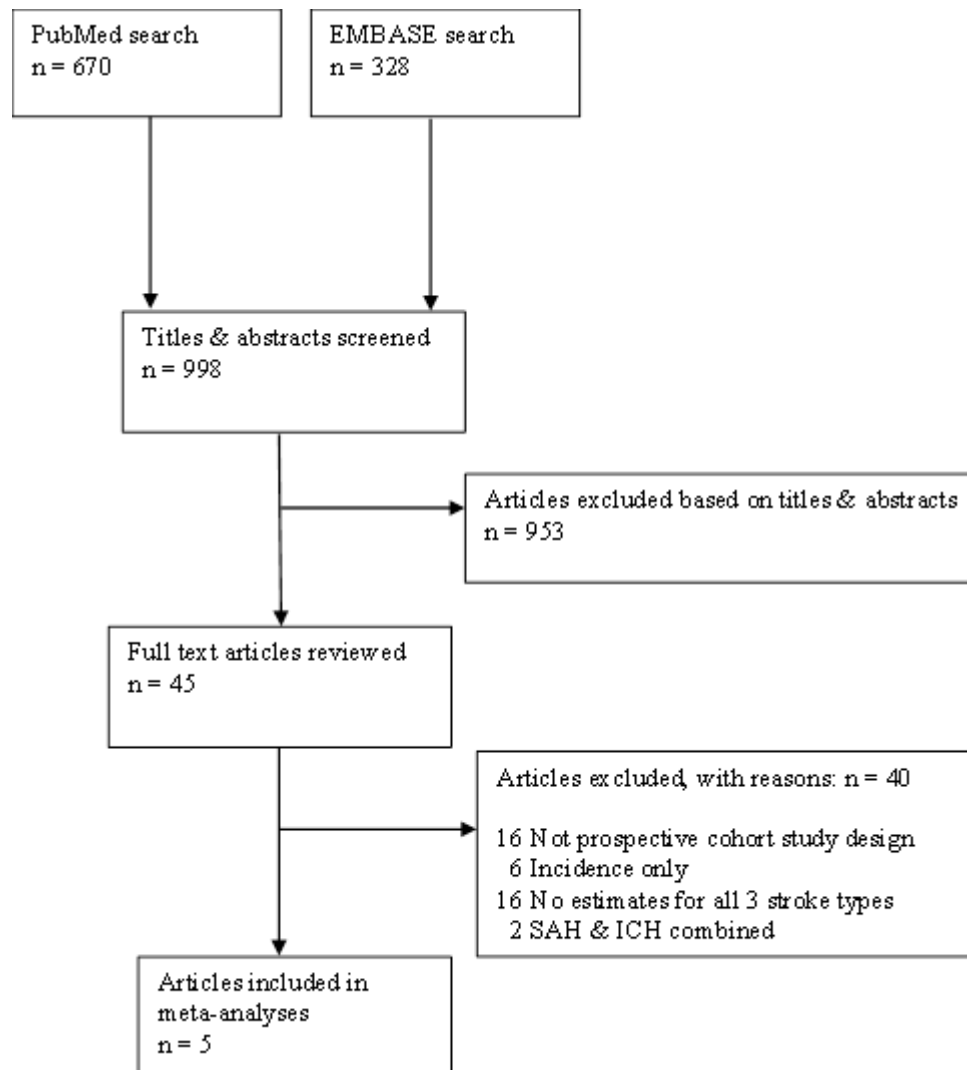


**Figure e-1 Selection of studies for meta-analyses of the association between diabetes and risk of three major stroke types**



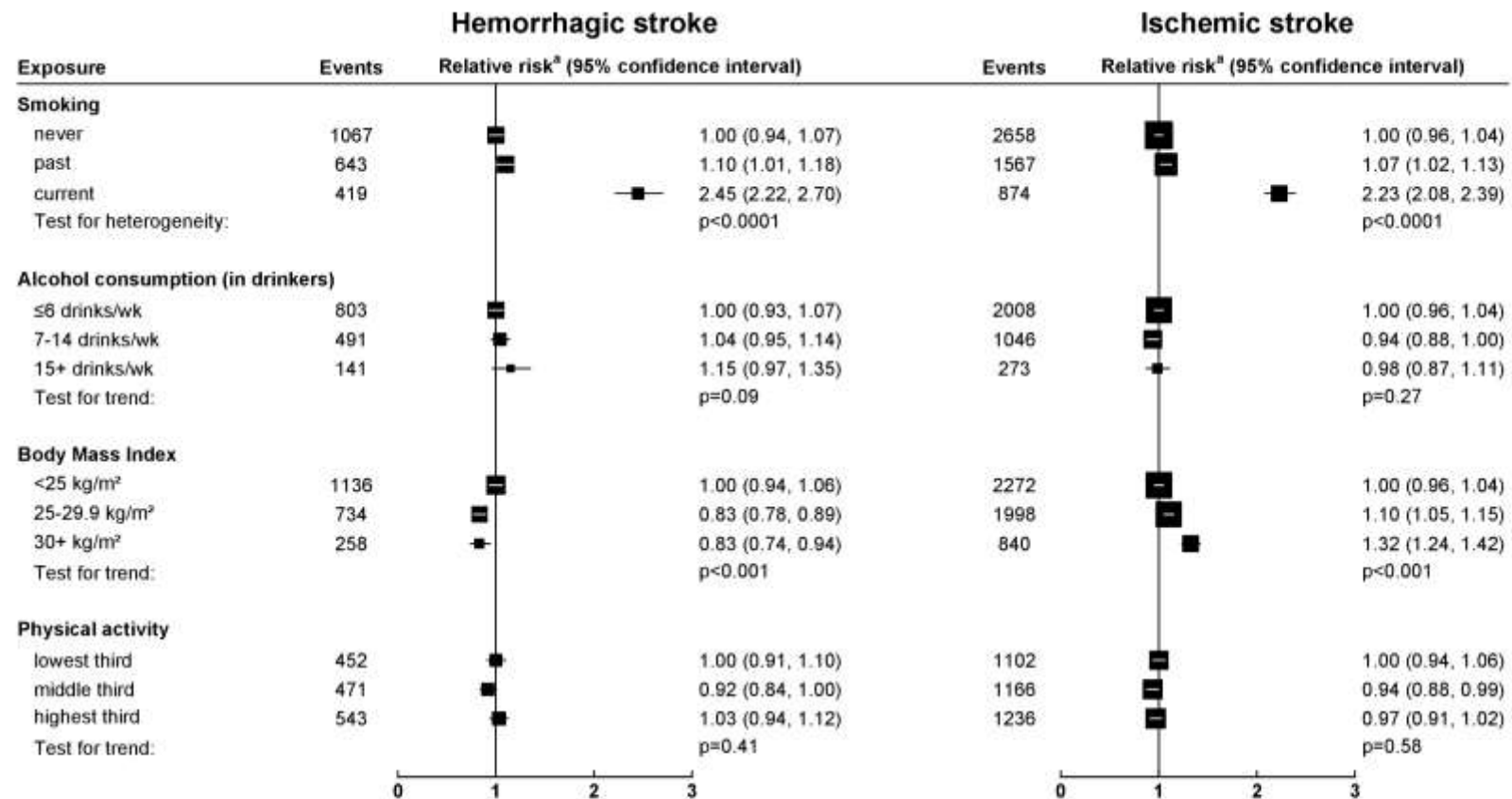
SAH: Subarachnoid hemorrhage  
ICH: Intracerebral hemorrhage

**Figure e-2 Selection of studies for meta-analyses of the association between smoking and risk of three major stroke types**



SAH: Subarachnoid hemorrhage  
ICH: Intracerebral hemorrhage

Figure e-3 Relative risk of hemorrhagic and ischemic stroke associated with classic behaviour-related factors for women reporting excellent/good self-rated health after excluding the first 3 years of follow-up.

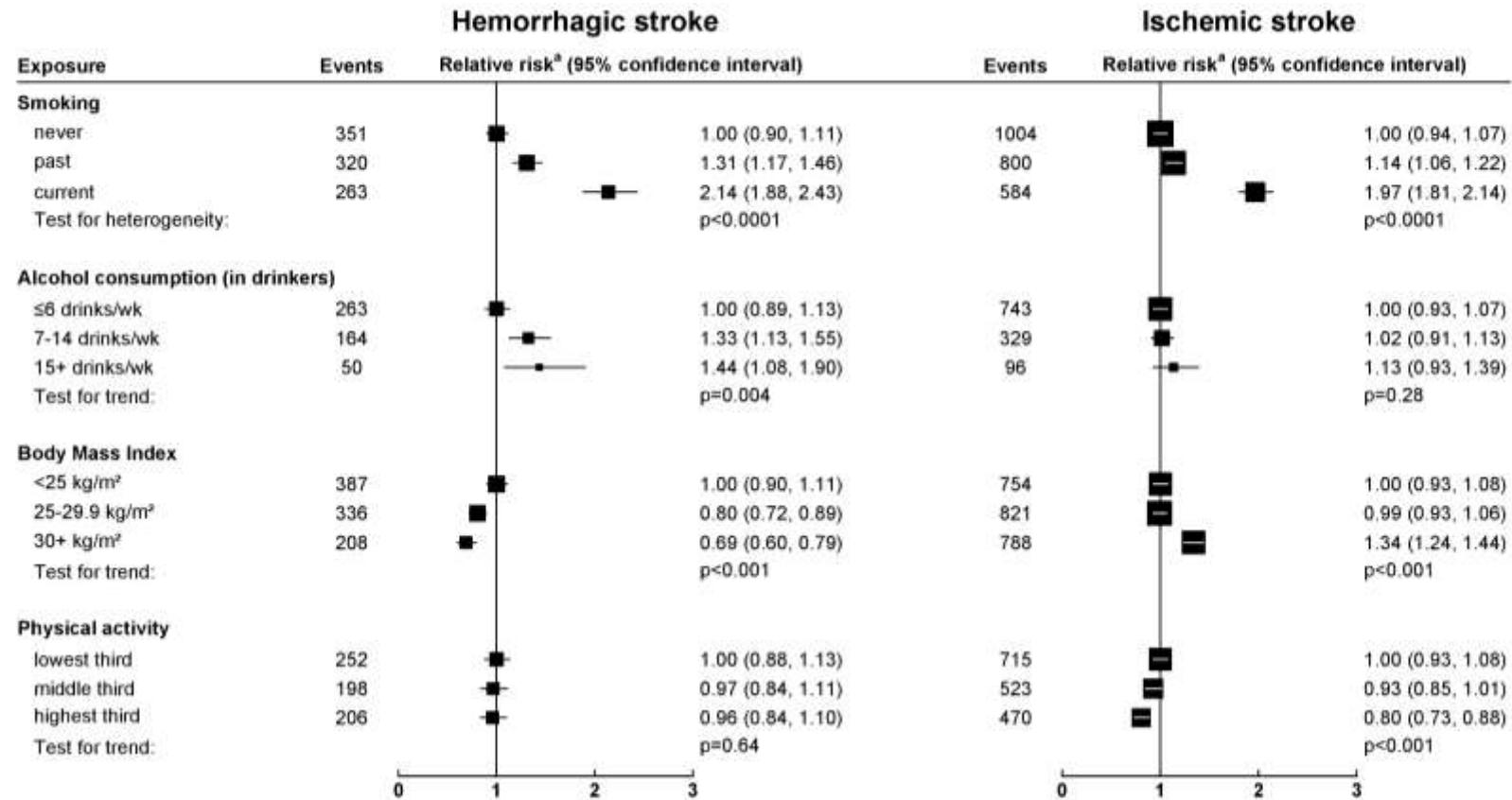


Relative risk<sup>a</sup> is stratified by year of birth and calendar year at baseline, and adjusted for region of residence, educational attainment, socio-economic status and use of menopausal hormones, and where appropriate for smoking, alcohol consumption, body mass index and physical activity.

Test for heterogeneity in the relative risk for current vs never smoking between hemorrhagic and ischemic stroke: p=0.19.

Test for heterogeneity in trend between hemorrhagic and ischemic stroke: alcohol consumption p=0.04; body mass index p<0.0001; physical activity p=0.32.

Figure e-4 Relative risk of hemorrhagic and ischemic stroke associated with classic behaviour-related factors in those with poor/fair self-rated health.

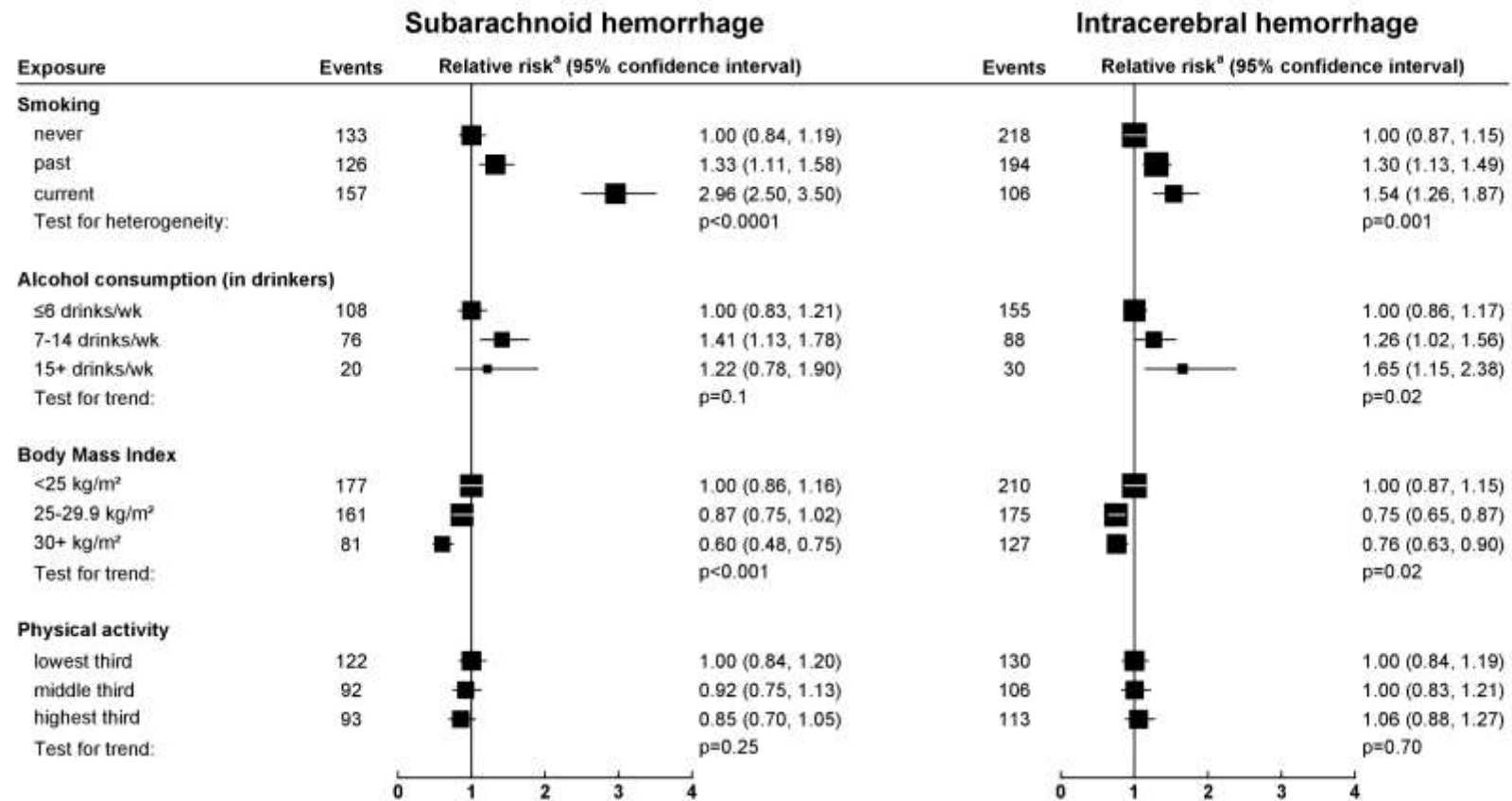


Relative risk<sup>a</sup> is stratified by year of birth and calendar year at baseline, and adjusted for region of residence, educational attainment, socio-economic status and use of menopausal hormones, and where appropriate for smoking, alcohol consumption, body mass index and physical activity.

Test for heterogeneity in the relative risk for current vs never smoking between hemorrhagic and ischemic stroke: p=0.41.

Test for heterogeneity in trend between hemorrhagic and ischemic stroke: alcohol consumption p=0.08; body mass index p<0.0001; physical activity p=0.13.

Figure e-5 Relative risk of subarachnoid and intracerebral hemorrhage associated with classic behaviour-related factors in those with poor/fair self-rated health.



Relative risk<sup>a</sup> is stratified by year of birth and calendar year at baseline, and adjusted for region of residence, educational attainment, socio-economic status and use of menopausal hormones, and where appropriate for smoking, alcohol consumption, body mass index and physical activity.

Test for heterogeneity in the relative risk for current vs never smoking between subarachnoid hemorrhage and intracerebral hemorrhage: p=0.0002.

Test for heterogeneity in trend between subarachnoid hemorrhage and intracerebral hemorrhage: alcohol consumption p=0.75; body mass index p=0.25; physical activity p=0.26.