

**Online suppl. Table A. Effects of off-hour admission on clinical outcomes in high and low/middle income countries**

	High income countries		P	Low/middle income countries		P	P for homogeneity
	On-hour (n=358)	Off-hour (n=405)		On-hour (n=666)	Off-hour (n=1365)		
Death or major disability							
Number of outcomes (%)	250 (70)	275 (68)		310 (47)	669 (49)		0.30
Crude OR	1 (Reference)	0.91 (0.67-1.24)	0.57	1 (Reference)	1.10 (0.92-1.33)	0.30	
Adjusted OR*	1 (Reference)	1.02 (0.71-1.48)	0.91	1 (Reference)	0.89 (0.71-1.13)	0.35	
Death							
Number of outcomes (%)	62 (17)	69 (17)		53 (8)	152 (11)		0.12
Crude OR	1 (Reference)	0.98 (0.67-1.43)	0.92	1 (Reference)	1.45 (1.04-2.01)	0.03	
Adjusted OR*	1 (Reference)	1.31 (0.81-2.13)	0.28	1 (Reference)	1.37 (0.88-2.13)	0.17	
Major disability							
Number of outcomes (%)	188 (53)	206 (51)		257 (39)	517 (38)		0.84
Crude OR	1 (Reference)	0.94 (0.70-1.24)	0.65	1 (Reference)	0.97 (0.80-1.17)	0.76	
Adjusted OR*	1 (Reference)	0.94 (0.68-1.28)	0.67	1 (Reference)	0.81 (0.65-1.02)	0.07	

\*Adjustment for age, sex, treated hypertension, antithrombotic therapy, lipid lowering therapy, time from onset to admission, systolic blood pressure, glucose, low (8 or less) Glasgow Coma Scale score, baseline hematoma volume, lobar location of hematoma, intraventricular extension, randomized treatment, admission to an intensive care unit, prophylactic treatment of deep-vein thrombosis, and use of intravenous mannitol.

Low/middle income countries are China (n=1919), India (n=97), Pakistan (n=9), Argentina (n=4), and Brazil (n=17).