R4VaD
Rates, Risks and Routes to Reduce Vascular Dementia

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Baseline form v1.10

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Section A: Participant details

A1	Date of data collection *(dd-mmm-yyyy)*	D _____ / M _____ / Y _____	
A2	Initials *3 letters from forenames/surname, or 2 separated by a hyphen (-)*	_____	
A3	Date of birth *(dd-mmm-yyyy)*	D _____ / M _____ / Y _____	
A4	Sex	☐ Male ☐ Female	
A5	Ethnic group	☐ British - White ☐ Irish - White ☐ Any other White background ☐ Mixed: White and Black Caribbean/USA ☐ Mixed: White and Black African ☐ Mixed: White and Asian ☐ Mixed: Any other mixed background ☐ Black Caribbean ☐ Black African ☐ Any other Black background ☐ Indian ☐ Bangladeshi ☐ Pakistani ☐ Chinese ☐ Japanese ☐ South East Asian ☐ East Asian ☐ South Asian ☐ Any other Asian background ☐ Arab ☐ Hispanic ☐ Any other Ethnic background	☐ Not known
A6	Does the participant have capacity?	☐ Yes ☐ No - suspected acute loss ☐ No - suspected chronic loss	
A7	Is there an informant?	☐ Yes ☐ No	
A8	What type of accommodation did the participant live in prior to their stroke?	☐ At home, independently ☐ At home, with help from carer ☐ Residential home ☐ Care home ☐ Nursing home ☐ Hospital	
A9a	Is the participant currently participating in another study (trial or observational)?	☐ Yes ☐ No	

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A9b	If yes, provide details		☐ Not applicable
A10	Marital status	☐ Single ☐ Married ☐ Partner ☐ Widowed ☐ Divorced	
A11	Where was the participant recruited?	☐ Stroke ward ☐ COVID-19 ward ☐ ITU ☐ Other	

Section B: Participant Contact Details

The participant contact details will be stored separately from the anonymised study data in compliance with data protection regulations.

B1	Surname		
B2	Forename(s)		
B3	Middle initial(s)		☐ Not applicable
B4	Permanent address		
B5	Post code		
B6	Follow-up telephone number		
B7	Alternate telephone number		☐ Not applicable
B8	Email address		☐ Not applicable
B9	NHS/CHI/H+C number		☐ Not applicable
B10	GP name		☐ Not applicable
B11	GP address		☐ Not applicable
B12	GP post code		☐ Not applicable
B13	GP telephone number		☐ Not applicable

Ideally for this study we would like contact details for two informants.

B14	Informant 1 name		☐ Not applicable
B15	Informant 1 relationship		☐ Not applicable
B16	Informant 1 address		☐ Not applicable

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B17	Informant 1 post code		☐ Not applicable
B18	Informant 1 telephone number		☐ Not applicable
B19	Informant 2 name		☐ Not applicable
B20	Informant 2 relationship		☐ Not applicable
B21	Informant 2 address		☐ Not applicable
B22	Informant 2 post code		☐ Not applicable
B23	Informant 2 telephone number		☐ Not applicable
B24	Alternate contact name		☐ Not applicable
B25	Alternate contact relationship		☐ Not applicable
B26	Alternate contact address		☐ Not applicable
B27	Alternate contact post code		☐ Not applicable
B28	Alternate contact telephone number		☐ Not applicable
B29	Comments		☐ Not applicable

Section C: Modified Rankin Scale (pre-stroke)

C1	Modified Rankin Scale (pre-stroke)	☐ 0 - No symptoms at all ☐ 1 - No significant disability, despite symptoms ☐ 2 - Slight disability ☐ 3 - Moderate disability ☐ 4 - Moderately severe disability ☐ 5 - Severe disability	☐ Not known

Section D: Medical history

D1a	History of hypertension?	☐ Pre-index stroke ☐ Post-index stroke ☐ No	☐ Not known
D1b	If hypertensive, what are they on?	☐ Lifestyle measures ☐ Medications ☐ Both ☐ None	☐ Not applicable ☐ Not known
D2a	History of hyperlipidaemia?	☐ Pre-index stroke ☐ Post-index stroke ☐ No	☐ Not known
D2b	If hyperlipidaemic, what are they on?	☐ Lifestyle measures ☐ Medications	☐ Not applicable ☐ Not known

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		☐ Both ☐ None	
D3a	History of diabetes?	☐ Yes ☐ No	☐ Not known
D3b	If diabetic, what are they taking?	☐ Lifestyle measures ☐ Oral agents ☐ Insulin ☐ No medications or lifestyle changes	☐ Not applicable ☐ Not known
D4	History of, or current, Atrial Fibrillation?	☐ Current ☐ Past ☐ None	☐ Not known
D5	History of Heart Failure?	☐ Yes ☐ No	☐ Not known
D6	History of MI?	☐ Yes ☐ No	☐ Not known
D7	History of Angina?	☐ Yes ☐ No	☐ Not known
D8	History of stroke prior to index stroke?	☐ Yes ☐ No	☐ Not known
D9	History of TIA prior to index stroke?	☐ Yes ☐ No	☐ Not known
D10	History of cognitive impairment?	☐ Yes ☐ No	☐ Not known
D11	History of dementia?	☐ Yes ☐ No	☐ Not known
D12	History of valvular heart disease?	☐ Yes ☐ No	☐ Not known
D13	History of PFO?	☐ Yes ☐ No	☐ Not known
D14	History of PVD (including renal artery stenosis)?	☐ Yes ☐ No	☐ Not known
D15	History of asthma or COPD?	☐ Yes ☐ No	☐ Not known
D16	History of chronic kidney disease?	☐ Yes ☐ No	☐ Not known
D17a	History of other neurological complaint?	☐ Yes ☐ No	☐ Not known
D17b	If yes, what?	_____	☐ Not applicable ☐ Not known
D18a	History of depression?	☐ Yes ☐ No	☐ Not known
D18b	If yes, was treatment required?	☐ Yes ☐ No	☐ Not applicable ☐ Not known

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D19	History of other psychiatric disorder (schizophrenia, bipolar)?	☐ Yes ☐ No	☐ Not known
D20	Any problems with hearing?	☐ Yes ☐ No	☐ Not known
D21	Deafness requiring hearing aid?	☐ Yes ☐ No	☐ Not known
D22a	Any problems with vision?	☐ Yes ☐ No	☐ Not known
D22b	Registered blind?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
D23	Any previous head injury requiring hospital attendance?	☐ Yes ☐ No	☐ Not known
D24	Any previous episodes of delirium?	☐ Yes ☐ No	☐ Not known
D25	Does the participant have concerns about their memory?	☐ Yes ☐ No	☐ Not known
D26	History of stroke in participant's immediate family (parents, siblings, children)?	☐ Yes ☐ No	☐ Not known
D27	History of dementia in participant's immediate family (parents, siblings, children)?	☐ Yes ☐ No	☐ Not known
D28a	History of malignancy?	☐ Yes ☐ No	☐ Not known
D28b	If yes, primary site (if known)?	_____	☐ Not applicable ☐ Not known

Section E: Index Stroke - Presenting Symptoms

E1	Date/time of onset of index stroke *(dd-mmm-yyyy hh:mm 24hr)*	D ____ / M _____ / Y _____ H _____ : M _____	
E2	Type of stroke	☐ Ischaemic ☐ TIA ☐ Haemorragic ☐ Unknown stroke type	
E3	Affected circulation	☐ Anterior ☐ Posterior ☐ Both	☐ Not known
E4	Duration of symptoms *(days)*	_____ OR ☐ Ongoing	
E5a	Weakness	☐ Yes, resolved ☐ Yes, still present ☐ No	
E5b	*If Yes for weakness,* on which side has the weakness presented	☐ Left ☐ Right ☐ Both	☐ Not applicable
E6a	Sensory loss	☐ Yes, resolved ☐ Yes, still present	

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		☐ No	
E6b	*If Yes for sensory loss,* on which side has the sensory loss presented	☐ Left ☐ Right ☐ Both	☐ Not applicable
E7a	Ataxia	☐ Yes, resolved ☐ Yes, still present ☐ No	
E7b	*If Yes for ataxia,* on which side has the ataxia presented	☐ Left ☐ Right ☐ Both	☐ Not applicable
E8	Neglect/inattention (visual or sensory)	☐ Yes, resolved ☐ Yes, still present ☐ No	
E9	Dysphasia	☐ Yes, resolved ☐ Yes, still present ☐ No	
E10	Dysarthria	☐ Yes, resolved ☐ Yes, still present ☐ No	
E11	Visual loss	☐ Yes, resolved ☐ Yes, still present ☐ No	

Section F: NIHSS (estimated worst)

F1	Estimated worst NIHSS score	_____	☐ Not done ☐ Not known

Section G: NIHSS (current)

G1a	Level of consciousness (LOC)	☐ 0 - Alert; keenly responsive ☐ 1 - Not alert; but arousable by minor stimulation ☐ 2 - Not alert; requires repeated stimulation ☐ 3 - Responds only with reflex motor or totally unresponsive	☐ Not done ☐ Not known
G1b	LOC questions (month and age)	☐ 0 - Answers both questions correctly ☐ 1 - Answers one question correctly ☐ 2 - Answers neither question correctly	☐ Not done ☐ Not known
G1c	LOC commands (open and close eyes; grip and release hand)	☐ 0 - Performs both tasks correctly ☐ 1 - Performs one task correctly ☐ 2 - Performs neither task correctly	☐ Not done ☐ Not known
G2	Best gaze (horizontal only, for isolated CN paresis score 1)	☐ 0 - Normal ☐ 1 - Partial gaze palsy ☐ 2 - Forced deviation	☐ Not done ☐ Not known
G3	Visual	☐ 0 - No visual loss ☐ 1 - Partial hemianopia ☐ 2 - Complete hemianopia ☐ 3 - Bilateral hemianopia	☐ Not done ☐ Not known
G4	Facial palsy	☐ 0 - Normal symmetrical movements ☐ 1 - Minor paralysis	☐ Not done ☐ Not known

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		☐ 2 - Partial paralysis ☐ 3 - Complete paralysis of one or both sides	
G5a	Motor arm - left	☐ 0 - No drift ☐ 1 - Drift ☐ 2 - Some effort against gravity ☐ 3 - No effort against gravity ☐ 4 - No movement	☐ Not done ☐ Not known
	Explanation if untestable (e.g. amputation or joint fusion)		
G5b	Motor arm - right	☐ 0 - No drift ☐ 1 - Drift ☐ 2 - Some effort against gravity ☐ 3 - No effort against gravity ☐ 4 - No movement	☐ Not done ☐ Not known
	Explanation if untestable (e.g. amputation or joint fusion)		
G6a	Motor leg - left	☐ 0 - No drift ☐ 1 - Drift ☐ 2 - Some effort against gravity ☐ 3 - No effort against gravity ☐ 4 - No movement	☐ Not done ☐ Not known
	Explanation if untestable (e.g. amputation or joint fusion)		
G6b	Motor leg - right	☐ 0 - No drift ☐ 1 - Drift ☐ 2 - Some effort against gravity ☐ 3 - No effort against gravity ☐ 4 - No movement	☐ Not done ☐ Not known
	Explanation if untestable (e.g. amputation or joint fusion)		
G7	Limb ataxia	☐ 0 - Absent ☐ 1 - Present in one limb ☐ 2 - Present in two limbs	☐ Not done ☐ Not known
	Explanation if untestable (e.g. amputation or joint fusion)		
G8	Sensory	☐ 0 - Normal ☐ 1 - Mild-to-moderate sensory loss ☐ 2 - Severe to total sensory loss	☐ Not done ☐ Not known
G9	Best language	☐ 0 - No aphasia ☐ 1 - Mild-to-moderate aphasia ☐ 2 - Severe aphasia ☐ 3 - Mute, global aphasia	☐ Not done ☐ Not known
G10	Dysarthria	☐ 0 - Normal ☐ 1 - Mild-to-moderate dysarthria ☐ 2 - Severe dysarthria	☐ Not done ☐ Not known
	Explanation if untestable (e.g. intubated or other physical barrier)		
G11	Extinction and inattention	☐ 0 - No abnormality ☐ 1 - Visual, tactile, auditory, spatial, or personal inattention ☐ 2 - Profound hemi-inattention or extinction to more than one modality	☐ Not done ☐ Not known

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Section H: Index Stroke - Treatment Given

H1	Did the participant receive intravenous thrombolysis for the index stroke?	☐ Yes ☐ No	☐ Not known
H2a	Did the participant receive mechanical thrombectomy for the index stroke?	☐ Yes ☐ No	☐ Not known
H2b	If mechanical thrombectomy not performed, was COVID-19 / SARS-CoV-2 infection given as the reason?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
H3	Did the participant receive decompressive hemicraniectomy for the index stroke?	☐ Yes ☐ No	☐ Not known
H4	Did the participant receive dual antiplatelet therapy for the index stroke?	☐ Yes ☐ No	☐ Not known
H5	Did the participant receive full anticoagulation for the index stroke?	☐ Yes ☐ No	☐ Not known
H6	Has the participant had a carotid endarterectomy since the index stroke?	☐ Yes ☐ No	☐ Not known
H7	Has the participant had any other type of neurosurgery for the index stroke? If *yes*, please enter details below	☐ Yes ☐ No	☐ Not known
H8	Any further details or comments regarding the participant's stroke treatment		☐ Not applicable

Section I: COVID-19

I1	COVID-19 / SARS-CoV-2 infection	☐ Not known to be infected ☐ Possibly infected ☐ Definitely infected ☐ Recovered	☐ Not known
I2	Recent contact with person with COVID-19	☐ Yes ☐ No ☐ Don't know	☐ Not known
I3a	COVID-19 vaccine received?	☐ Yes, 1 dose ☐ Yes, 2 doses ☐ No doses received	☐ Not known
I3b	COVID-19 vaccine booster received?	☐ Yes ☐ No	☐ Not applicable ☐ Not known

Please answer the following questions for suspected or confirmed COVID-19 / SARS-CoV-2 infection, either past or current

I4	Clinical features of (suspected) COVID-19 / SARS-CoV-2 infection *(Tick all that apply)*	☐ Fever ☐ Dry cough ☐ Productive cough ☐ Rhinorrhea ☐ Dyspnea / high respiratory rate ☐ Headache ☐ Impaired consciousness ☐ Presyncope / syncope ☐ Loss of smell / taste ☐ Dizziness ☐ Ataxia ☐ Myalgias ☐ Seizures ☐ None	☐ Not applicable ☐ Not done ☐ Not known

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I5	Date/time of onset of symptoms suspicious of COVID-19 (as listed above) *(dd-mmm-yyyy hh:mm 24hr)*	D ____ / M _____ / Y _____ H _____ : M _____	☐ Not applicable ☐ Not known
I6a	Date of nasopharyngeal swab test (if performed) *(dd-mmm-yyyy)*	D ____ / M _____ / Y _____	☐ Not applicable ☐ Not done ☐ Not known
I6b	Result of nasopharyngeal swab test (if performed)	☐ Yes ☐ No ☐ Don't know	☐ Not applicable ☐ Not done ☐ Not known
I7a	Antiviral treatment for COVID-19 / SARS-CoV-2 infection	☐ Remdesivir ☐ Favipiravir ☐ Chloroquine ☐ Hydroxychloroquine ☐ Tocilizumab ☐ Other ☐ None	☐ Not applicable ☐ Not known
I7b	Dexamethasone treatment received?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
I8a	NEWS score version	☐ 1 ☐ 2	☐ Not applicable ☐ Not done ☐ Not known
I8b	Lowest NEWS score recorded	_____	☐ Not applicable ☐ Not done ☐ Not known
I9	Level of respiratory support	☐ None ☐ O2 via nasal prongs ☐ O2 via mask ☐ Non-invasive ventilation ☐ Intubation and ventilation	☐ Not applicable ☐ Not known
I10a	Arterial blood gas recorded?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
I10b	If yes, pH?	☐ P_aO_2 ☐ P_aCO_2 ☐ HCO_3 ☐ O_2 sat.	☐ Not applicable ☐ Not known
I11a	Chest CT performed?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
I11b	If yes, CT result?	☐ Clear, no acute nor chronic findings ☐ Other acute findings (e.g. lobar pneumonia, PE) ☐ Other chronic only (e.g. COAD, old TB etc.) ☐ Unilateral COVID-19 ☐ Bilateral probable COVID-19	☐ Not applicable ☐ Not known
I12a	Co-enrolment in other COVID-19 studies?	☐ Yes ☐ No	☐ Not applicable ☐ Not known
I12b	If yes, name(s) of study/studies?		☐ Not applicable ☐ Not known

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Section J: Current Medications (prescribed or over counter)

Please exclude COVID-19 medications, which should be listed above.

J1a	How many drugs is the participant taking?	_____	☐ Not known

		Drug name	Dose	Frequency (doses/day)	
J1b	Drug 1	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1c	Drug 2	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1d	Drug 3	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1e	Drug 4	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1f	Drug 5	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1g	Drug 6	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1h	Drug 7	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1i	Drug 8	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1j	Drug 9	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1k	Drug 10	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1l	Drug 11	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1m	Drug 12	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1n	Drug 13	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1o	Drug 14	_____	_____ mg	_____	☐ Not applicable ☐ Not known
J1p	Drug 15	_____	_____ mg	_____	☐ Not applicable ☐ Not known

Section K: Investigations

K1a	Date of **first** CT head scan after index stroke *(dd-mmm-yyyy hh:mm 24hr)*	D ____ / M _____ / Y _____ H _____ : M _____	☐ Not applicable ☐ Not done ☐ Not known

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K1b	Date of **first** MRI head scan after index stroke *(dd-mmm-yyyy hh:mm 24hr)*	D ____ / M _____ / Y _____ H _____ : M _____	☐ Not applicable ☐ Not done ☐ Not known
K2a	Acute stroke lesion present to explain symptoms, on either scan	☐ Yes ☐ No	☐ Not known
K2b	Side of brain	☐ Left ☐ Right	☐ Not applicable
K3	Evidence of mass effect due to the stroke lesion	☐ Yes ☐ No	☐ Not known
K4	Evidence of cerebral atrophy	☐ Yes ☐ No	☐ Not known
K5	Evidence of periventricular white matter lucency (e.g. leukoaraiosis)	☐ Yes ☐ No	☐ Not known
K6	Evidence of any previous stroke(s)	☐ Yes ☐ No	☐ Not known
K7a	Carotid imaging done at diagnosis of index stroke?	☐ Yes ☐ No	☐ Not known
K7b	Date of carotid scan *(dd-mmm-yyyy)*	D ____ / M _____ / Y _____	☐ Not applicable ☐ Not known
K7c	Type of carotid scan	☐ CTA ☐ DSA ☐ MRA ☐ Ultrasound	☐ Not applicable ☐ Not known
K7d	Degree of stenosis	Left: ☐ <50% ☐ ≥50% ☐ Occluded Right: ☐ <50% ☐ ≥50% ☐ Occluded	☐ Not applicable ☐ Not known
K8a	Echocardiogram at diagnosis of index stroke	☐ Yes ☐ No	☐ Not known
K8b	Left ventricular hypertrophy	☐ Yes ☐ No	☐ Not applicable ☐ Not known
K8c	Reduced ejection fraction	☐ Yes ☐ No	☐ Not applicable ☐ Not known
K8d	Left atrial dilatation	☐ Yes ☐ No	☐ Not applicable ☐ Not known
K9a	ECG Rhythm	☐ Sinus ☐ AF ☐ Other	☐ Not known
K9b	Left ventricular hypertrophy	☐ Yes ☐ No	☐ Not known
K10	Most recent haemoglobin	_____ g/dL	☐ Not done ☐ Not known
K11	Most recent white cell count	_____ $\times 10^9$/L	☐ Not done ☐ Not known

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K12	Most recent platelet count	_____ $\times 10^9$/L	☐ Not done ☐ Not known
K13	Most recent CRP	_____ µg/dL	☐ Not done ☐ Not known
K14	Most recent sodium	_____ mmol/L	☐ Not done ☐ Not known
K15	Most recent potassium	_____ mmol/L	☐ Not done ☐ Not known
K16	Most recent glucose	_____ mmol/L	☐ Not done ☐ Not known
K17	Most recent urea	_____ mmol/L	☐ Not done ☐ Not known
K18	Most recent creatinine	_____ µmol/L	☐ Not done ☐ Not known
K19	Estimated or true GFR *If your result is '>60' (i.e. no specific value), please enter 75.* *Note: If you have an eGFR value calculated by a local laboratory, please use it - otherwise you may use the following calculator.* http://www.mdrd.com	_____ mL/min	☐ Not done ☐ Not known
K20	Neutrophils	_____ 10^9L	☐ Not done ☐ Not known
K21	Lymphocytes	_____ 10^9L	☐ Not done ☐ Not known
K22	What was the INR?	_____	☐ Not applicable ☐ Not done ☐ Not known
K23	What was the APTT?	_____ seconds	☐ Not applicable ☐ Not done ☐ Not known
K24	D-dimer	_____ ng/mL	☐ Not applicable ☐ Not done ☐ Not known
K25	Lactate dehydrogenase	_____ U/L	☐ Not applicable ☐ Not done ☐ Not known
K26	Ferritin	_____ ng/mL	☐ Not applicable ☐ Not done ☐ Not known

Section L: Lifestyle

L1a	History of smoking	☐ Current ☐ Past ☐ Never	☐ Not known

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L1b	If current or past smoker, when started? *(the year - yyyy)*	____	☐ Not applicable ☐ Not known
L1c	If current or past smoker, how many cigarettes per day? (treat 1 pipe as 2.5 cigarettes, 1 cigar as 4 cigarettes)	____	☐ Not applicable ☐ Not known
L1d	If past smoker, when stopped? *(the year - yyyy)*	____	☐ Not applicable ☐ Not known
L2	Current alcohol intake	☐ High (>21upw) ☐ Moderate (1->21upw) ☐ None	☐ Not known
L3a	Does the participant add salt when cooking?	☐ Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never	☐ Not known
L3b	Does the participant add salt at the table?	☐ Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never	☐ Not known

Section M: Socioeconomic

M1a	Age at leaving full time education	____	☐ Not known
M1b	Highest level of education	☐ Primary ☐ Secondary (not completing exams) ☐ O levels, GCSEs or equivalent ☐ A levels or equivalent ☐ Undergraduate degree ☐ Postgraduate degree	☐ Not known
M2a	Employment status (pre-stroke)	☐ Employed full-time ☐ Employed part-time ☐ Self employed ☐ Not working due to ill health ☐ Retired ☐ Unemployed ☐ Other	☐ Not known
M2b	What is/was the participant's main occupation?	☐ Professional (e.g. lawyer, doctor, clergyman, professional engineer) ☐ Intermediate (e.g. business proprietor, trained nurse, artist) ☐ Skilled - non-manual (e.g. clerk, policeman) ☐ Skilled - manual (e.g. miner, chauffeur) ☐ Partly skilled (e.g. fisherman, carter, stoker, train/bus conductor) ☐ Unskilled (e.g. labourer, railwayman, watchman, porter) ☐ Student ☐ No occupation	☐ Not known

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M3a	Father's occupation	☐ Professional (e.g. lawyer, doctor, clergyman, professional engineer) ☐ Intermediate (e.g. business proprietor, trained nurse, artist) ☐ Skilled - non-manual (e.g. clerk, policeman) ☐ Skilled - manual (e.g. miner, chauffeur) ☐ Partly skilled (e.g. fisherman, carter, stoker, train/bus conductor) ☐ Unskilled (e.g. labourer, railwayman, watchman, porter) ☐ Student ☐ No occupation	☐ Not known
M3b	Mother's occupation	☐ Professional (e.g. lawyer, doctor, clergyman, professional engineer) ☐ Intermediate (e.g. business proprietor, trained nurse, artist) ☐ Skilled - non-manual (e.g. clerk, policeman) ☐ Skilled - manual (e.g. miner, chauffeur) ☐ Partly skilled (e.g. fisherman, carter, stoker, train/bus conductor) ☐ Unskilled (e.g. labourer, railwayman, watchman, porter) ☐ Student ☐ No occupation	☐ Not known

Section N: Brief Physical Activity Assessment

Ask the participant:

N1	How many times a week, do you usually do 20 minutes of vigorous physical activity that makes you sweat or puff and pant? (for example: jogging, heavy lifting, digging, aerobics, or fast bicycling)	☐ ≥ 3 times/week ☐ 1-2 times/week ☐ None	☐ Not known
N2	How many times a week, do you usually do 30 minutes of moderate physical activity or walking that increases your heart rate or makes you breath harder than normal? (for example: mowing the lawn, carrying light loads, bicycling at a regular pace, or playing doubles tennis)	☐ ≥ 5 times/week ☐ 3-4 times/week ☐ 1-2 times/week ☐ None	☐ Not known

Section O: Social Support Survey

Ask the participant: If you needed it, how often is someone available to...

O1	help with daily chores if you were sick?	☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time	☐ Not known
O2	turn to for suggestions about how to deal with a personal problem?	☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time	☐ Not known
O3	do something enjoyable with?	☐ None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time	☐ Not known
O4	love and make you feel wanted?	☐ None of the time ☐ A little of the time ☐ Some of the time	☐ Not known

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	☐ Most of the time ☐ All of the time	

Section P: Blood pressure and heart rate

Please measure blood pressure three times at 1 minute intervals following at least 5 minutes rest.
Please use a validated monitor and appropriately sized cuff.

		systolic / diastolic *(mmHg)*	
P1a	Blood pressure reading 1	_____ / _____	☐ Not done ☐ Not known
P1b	Blood pressure reading 2	_____ / _____	☐ Not done ☐ Not known
P1c	Blood pressure reading 3	_____ / _____	☐ Not done ☐ Not known
P1d	Arm used	☐ Left ☐ Right	☐ Not done ☐ Not known
P1e	Cuff size	☐ Small ☐ Medium ☐ Large	☐ Not done ☐ Not known
P1f	Monitor manufacturer/model	_____	☐ Not done ☐ Not known
P2	Heart rate	_____	☐ Not done ☐ Not known

Section Q: Assessment

Please ask as many questions as possible, within the participant's tolerance.
The assessment can stop at any point, but preferably where indicated, if the participant is unwilling or unable to continue.
When the assessment has stopped, any remaining questions can be marked 'not applicable'.

Q1	Montreal Cognitive Assessment (MoCA) Memory Tell the participant: "*This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them.*" **FACE VELVET CHURCH DAISY RED** Now tell the participant: "*I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.*" Then tell the participant: "*I will ask you to recall those words again later in the test.*"		
Q1a	Repeat **FACE**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q1b	Repeat **VELVET**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q1c	Repeat **CHURCH**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable

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Q1d	Repeat **DAISY**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q1e	Repeat **RED**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable

Q2	Montreal Cognitive Assessment (MoCA) / Telephone Interview for Cognitive Status (TICS-m) Orientation. Ask the participant the date today (year, month, exact date, day of the week) and the name of the place (name of hospital/clinic/office) and city they are in. Score 1 point for each item correctly answered.		
Q2a	Date	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q2b	Month	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q2c	Year	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q2d	Day of week	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q2e	Place	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q2f	City	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable

Q3	Verbal fluency. Say to the participant, "*Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? Now tell me as many words as you can think of that begin with the letter F.*" Record the number of distinct words the participant says.		
Q3a	Verbal fluency	_____	☐ Not applicable

Q4	Montreal Cognitive Assessment (MoCA) Delayed recall. Ask the participant to recall the 5 words that they were asked to remember earlier. Score 1 point for each of the words correctly recalled spontaneously without any cues.		
Q4a	Recall **FACE**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q4b	Recall **VELVET**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q4c	Recall **CHURCH**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q4d	Recall **DAISY**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q4e	Recall **RED**	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable

Q5	Patient Health Questionnaire (PHQ)		
	Ask the participant: "Over the **last 2 weeks**, how often have you been bothered by any of the following problems?"		
Q5a	Little interest or pleasure in doing things	☐ Not at all ☐ Several days	☐ Not applicable

		☐ More than half the days ☐ Nearly every day	
Q5b	Feeling down, depressed, or hopeless	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q6	Generalized Anxiety Disorder (GAD)		
	Ask the participant: "Over the **last 2 weeks**, how often have you been bothered by any of the following problems?"		
Q6a	Feeling nervous, anxious or on edge?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q6b	Not being able to stop or control worrying?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q7	Montreal Cognitive Assessment (MoCA) Read these lists of numbers/letters at a rate of 1 per second.		
Q7a	Ask the participant to repeat the following numbers in forward order: **2, 1, 8, 5, 4**	☐ 0 correct ☐ 1 correct ☐ 2 correct ☐ 3 correct ☐ 4 correct ☐ 5 correct	☐ Not applicable
Q7b	Ask the participant to repeat the following numbers in reverse order: **7, 4, 2**	☐ 0 correct ☐ 1 correct ☐ 2 correct ☐ 3 correct	☐ Not applicable
	Ask the participant to tap with their hand at each letter **A** as you read out the following list. **F B A C M N A A J K L B A F A K D E A A A J A M O F A A B** No points if 2 or more errors. Score 1 if only one error or totally correct.		
Q7c	List of Letters	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
	Ask the participant, "*Please take 7 away from 100. Now continue to take 7 away from what you have left over until I ask you to stop.*" If the participant makes a mistake, carry on and check the subsequent answer (e.g. for 93, **84**, 77, 70, 63 there are 4 correct subtractions).		
Q7d	Serial 7 subtraction starting at 100	☐ 0 correct ☐ 1 correct ☐ 2 correct ☐ 3 correct ☐ 4 correct ☐ 5 correct	☐ Not applicable

Assessment can stop here if participant unwilling to continue

Q8	Montreal Cognitive Assessment (MoCA)		

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Q8a	Wire cube: *Ask the participant to copy the diagram, as accurately as they can.* *One point is allocated for a correctly executed drawing.* *- Drawing must be three-dimensional* *- All lines are drawn* *- No line is added* *- Lines are relatively parallel and their length is similar (rectangular prisms are accepted)*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q8	Clock Ask the participant to draw a clock, put in all the numbers, and set the time to 10 past 11.		
Q8b	Contour *The clock face must be a circle with only minor distortion acceptable (e.g. slight imperfection on closing the circle)*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q8c	Numbers *All clock numbers must be present with no additional numbers; numbers must be in the correct order and placed in the approximate quadrants on the clock face; Roman numerals are acceptable; numbers can be placed outside the circle contour*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q8d	Hands *There must be two hands jointly indicating the correct time; the hour hand must be clearly shorter than the minute hand; hands must be centred within the clock face with their junction close to the clock centre*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q9	Montreal Cognitive Assessment (MoCA)		
	Naming Beginning on the left, point to each figure and say to the participant: "*Tell me the name of this animal*"		
Q9a	Picture 1 *(left)*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q9b	Picture 2 *(middle)*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q9c	Picture 3 *(right)*	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q10	Montreal Cognitive Assessment (MoCA)		
	Language Read the following sentences to the participant and ask them to repeat exactly what you say. Score 1 point for each sentence correctly repeated. Repetition *must* be exact.		
Q10a	"*I only know that John is the one to help today.*"	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q10b	"*The cat always hid under the couch when dogs were in the room.*"	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
	Abstraction. Ask the participant the similarity between 2 words e.g. for banana and orange the answer is fruit. Score 1 point for each correct answer.		
Q10c	What is the similarity between *train and bicycle*?	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable
Q10d	What is the similarity between *watch and ruler*?	☐ 0 - Incorrect ☐ 1 - Correct	☐ Not applicable

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Q11	Trail Making Test		
	Both parts of this test consist of 25 circles distributed over a sheet of paper. In part A, the circles are numbered 1 – 25 and the participant should draw lines to connect the numbers in ascending order. In part B, the circles include both numbers (1 – 13) and letters (A – L). As in part A the participant draws lines to connect the circles in an ascending pattern, but with the added task of alternating between the numbers and letters – i.e. 1-A-2-B-3-C..., etc. • Give the participant a copy of the Trail Making Test Part A worksheet and a pen or pencil. • Instruct them to connect the circles as quickly as possible, without lifting the pen/pencil from the paper. • Time the participant as they follow the 'trail' made by the numbers on the test. • If the participant makes an error, point it out immediately and allow them to correct it. (Errors only affect the score in that corrections are included in the time taken). • Record the time and number of points completed. • Repeat the procedure for Trail Making Test Part B.		
	Most participants should be able to finish both tests within 6 minutes. **Please stop either test if they are unable to complete it within 10 minutes.**		
Q11a	Part A - time	_____ min(s) _____ sec(s)	☐ Not applicable
	Part A - Points completed	_____	
Q11b	Part B - time	_____ min(s) _____ sec(s)	☐ Not applicable
	Part B - Points completed	_____	
Q11c	Were any errors made in the first 10 points of Part B (i.e. points 1-E)?	☐ Yes ☐ No	☐ Not applicable

Assessment can stop here if participant unwilling to continue

Q12	Brief Fatigue Inventory (BFI)		
Q12	Throughout our lives, most of us have times when we feel very tired or fatigued. Have you felt unusually tired or fatigued since your stroke?	☐ Yes ☐ No	☐ Not applicable

Q13	Patient Health Questionnaire (PHQ)		
	Ask the participant: "Over the **last 2 weeks**, how often have you been bothered by any of the following problems?"		
Q13a	Trouble falling or staying asleep, or sleeping too much	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q13b	Feeling tired or having little energy	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q13c	Poor appetite or overeating	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q13d	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable

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Q13e	Trouble concentrating on things, such as reading the newspaper or watching television	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q13f	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q13g	Thoughts that you would be better off dead or of hurting yourself in some way	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q14	Generalized Anxiety Disorder (GAD)		
	Ask the participant: "Over the **last 2 weeks**, how often have you been bothered by any of the following problems?"		
Q14a	Worrying too much about different things?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q14b	Trouble relaxing?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q14c	Being so restless that it is hard to sit still?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q14d	Becoming easily annoyed or irritable?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q14e	Feeling afraid as if something awful might happen?	☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day	☐ Not applicable
Q15a	If you have stopped the assessment before the end, or skipped questions, please indicate why	☐ Participant fatigued ☐ Participant has dementia or cognitive problems ☐ Participant has visual impairmant ☐ Participant unable to write ☐ Participant has dysphasia ☐ Participant struggled to concentrate ☐ Visit/session was interrupted ☐ Researcher time constraints ☐ Participant was discharged prior to completion ☐ Other (please specify)	☐ Not applicable
Q15b	If 'other', please specify	_____	☐ Not applicable

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Section R: Substudies

If your centre is not participating in the substudy, please select 'not applicable'.

R1	Blood tube for genetics	☐ Yes ☐ No	☐ Not applicable
R2	Blood tubes (2x) for inflammation and omics	☐ Yes ☐ No	☐ Not applicable
R3	Neuroimaging MR	☐ Yes ☐ No	☐ Not applicable
R4	Sphygmocor (vascular compliance)	☐ Yes ☐ No	☐ Not applicable
R5	Ambulatory blood pressure monitoring	☐ Yes ☐ No	☐ Not applicable

Section S: Recruitment details

S1	Date/time of recruitment *(dd-mmm-yyyy hh:mm 24hr)*	D ____ / M _____ / Y _____ H _____ : M _____

Are any values missing due to tests not done (or measures not taken), or because data is unknown and every effort has been made to find the data – i.e. "Not done" / "Not known"?	☐ Yes ☐ No
Comments If any values are missing, please provide a full explanation	

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