Supplemental Methods

*FSR-participating hospitals*

Hospitals that participated in the FSR included Kyushu University Hospital, National Hospital Organization Kyushu Medical Center, National Hospital Organization Fukuoka Higashi Medical Center, Fukuoka Red Cross Hospital, St. Mary’s Hospital, Nippon Steel Yawata Memorial Hospital, and Japan Labour Health and Welfare Organization Kyushu Rosai Hospital.

*FSR steering committee and research working group*

The steering committee of the Fukuoka Stroke Registry included the following: Takao Ishitsuka (Fukuoka Mirai Hospital), Setsuro Ibayashi (Seiai Rehabilitation Hospital), Kenji Kusuda (Seiai Rehabilitation Hospital), Kenichiro Fujii (Japan Seafarers Relief Association Moji Ekisaikai Hospital), Tetsuhiko Nagao (Seiai Rehabilitation Hospital), Yasushi Okada (National Hospital Organization Kyushu Medical Center), Masahiro Yasaka (National Hospital Organization Kyushu Medical Center), Hiroaki Ooboshi (Fukuoka Dental College Medical and Dental Hospital), Takanari Kitazono (Kyushu University), Katsumi Irie (Hakujyuji Hospital), Tsuyoshi Omae (Imazu Red Cross Hospital), Kazunori Toyoda (National Cerebral and Cardiovascular Center), Hiroshi Nakane (National Hospital Organization Fukuoka-Higashi Medical Center), Masahiro Kamouchi (Kyushu University), Hiroshi Sugimori (Saga-Ken Medical Centre Koseikan), Shuji Arakawa (Steel Memorial Yawata Hospital), Kenji Fukuda (St. Mary’s Hospital), Ago Tetsuro (Kyushu University Hospital), Jiro Kitayama (Fukuoka Red Cross Hospital), Shigeru Fujimoto (Jichi Medical University), Shoji Arihiro (Japan Labor Health and Welfare Organization Kyushu Rosai Hospital), Junya Kuroda (National Hospital Organization Fukuoka-Higashi Medical Center), Yoshinobu Wakisaka (Kyushu University Hospital), Yoshihisa Fukushima (St. Mary’s Hospital), Ryu Matsuo (Kyushu University), and Kuniyuki Nakamura (Kyushu University Hospital).

*Clinical assessment*

Hypertension was defined as systolic blood pressure ≥140 mmHg or diastolic pressure ≥90 mmHg in the chronic stage, or as current treatment with antihypertensive drugs [1]. Dyslipidemia was defined as either low-density lipoprotein-cholesterol levels ≥3.62 mmol/L, high-density lipoprotein-cholesterol levels <1.03 mmol/L, triglyceride levels ≥1.69 mmol/L, or current treatment with a cholesterol-lowering drug [1]. A diagnosis of diabetes mellitus was determined by the diagnostic criteria of the Japan Diabetes Society in the chronic stage or based on a medical history of diabetes mellitus [2]. Atrial fibrillation was diagnosed on the basis of electrocardiographic findings on admission or during hospitalization [1]. Ischemic heart disease was defined as a previous history of angina pectoris, myocardial infarction, or percutaneous coronary intervention or coronary artery bypass graft surgery [1]. Chronic kidney disease was defined as an estimated glomerular filtration rate (eGFR) <60 mL/min per 1.73 m2. The eGFR was determined using the equation proposed by the Japan Society of Nephrology as follows: eGFR (mL/min per 1.73 m2)=194×(serum creatinine [mg/dL])1.094×age [years])−0.287×0.739 (if female) [3]. Smoking habit was defined as both previous and current smoking, and drinking habit was defined as habitual consumption of alcoholic beverages [4]. Antihypertensive, antidiabetic, and antithrombotic therapies were defined as administration of any hypertensive agents, any oral hypoglycemic agents or insulin, or any antiplatelets or anticoagulants, respectively [1]. Acute revascularization was defined as either endovascular thrombectomy or thrombolytic therapy with intravenous or intra-arterial administration of thrombolytic agents in the hyperacute phase of stroke [1]. The evaluation of the modified Rankin scale (mRS) at 3 months after stroke onset was done by trained and certified research nurses on the basis of a standardized structured questionnaire that had been validated in a previous study to minimize inter-rater variability [5].

*Supplemental references*

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3 Matsuo S, Imai E, Horio M, Tasuda Y, Tomita K, Nitta K, *et al*. Revised equations for estimated GFR from serum creatinine in Japan. Am J Kidney Dis 2009 Jun;53(6):982-92.

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