Frequency and determinants of using pharmacological enhancement in the clinical practice of in-hospital stroke rehabilitation.

Supplemental figure 1: Standardized form for local study investigators to document the use or nonuse of agents potentially enhancing stroke recovery in consecutive individual patients.

					Use of agents potentially enhancing post-stroke recovery regardless of the indication							Comorbidity				Symptoms for which PESR wa				
Center	Patient Identificati on Number	age	gen der	Type of stroke: 1= ischemic 2=ICH 3=SAH		Dopamine agonist 1=yes 2=no	Piracetam 1=yes 2=no	Methylph	Acethylchol inesterase inhibitor 1=yes 2=no	Memanti	Modafinil 1=yes 2=no	SSRI 1=yes 2=no	SNRI 1=yes 2=no	Parkinson/ RLS 1=yes 2=no	Dementia 1=yes 2=no	Depression		Anhasia	Paresis	Neglect/
		3-													,,	, ,	, , , , , , , , , , , , , , , , , , , ,			

s primarily used		Agents used for PESR										
low impluse	others	L-Dopa 1=yes 2=no	Dopamine agonist 1=yes 2=no			Acethylcholines terase inhibitor 1=yes 2=no		Modafinil 1=yes 2=no	SSRI 1=yes 2=no	SNRI 1=yes 2=no	comment	

Legend: PESR means pharmacological enhancement in stroke rehabilitation, defined as use of agents potentially enhancing poststroke recovery **exclusively** with the idea of augmenting rehabilitation and in the absence of an established indication for their use. ICH refers to intracerebral hemorrhages, SAH refers to subarachnoid hemorrhages.