

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			PESR 1=yes 2=no	Symptoms for which PESR was		
Center Name	Patient Identification Number	age	gender	Type of stroke: 1=ischemic 2=ICH 3=SAH	L-Dopa 1=yes 2=no	Dopamine agonist 1=yes 2=no	Piracetam 1=yes 2=no	Methylphenidate 1=yes 2=no	Acetylcholinesterase inhibitor 1=yes 2=no	Memantine 1=yes 2=no	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 1=yes 2=no		Aphasia	Paresis	Neglect/Extinction

s primarily used		Agents used for PESR									comment
low impulse	others	L-Dopa 1=yes 2=no	Dopamine agonist 1=yes 2=no	Piracetam 1=yes 2=no	Methylphenidate 1=yes 2=no	Acetylcholinesterase inhibitor 1=yes 2=no	Memantine 1=yes 2=no	Modafinil 1=yes 2=no	SSRI 1=yes 2=no	SNRI 1=yes 2=no	

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.