Supplement Table 2. Change in cognitive test scores in people with a stroke or TIA versus people without a stroke or TIA by levels of education.

	n/N[a]	Stroop interference task (seconds)	LDST (correct answers)	VFT (animal names)	15-WLT-Immediate recall (correct answers)	15-WLT-Delayed recall (correct answers)	Purdue Pegboard (number of pins placed)
		Difference in change in cognition (95% confidence intervals)					
Low education	73/1687	3.52 (-0.56; 7.61)	-0.40 (-1.39; 0.58)	-0.55 (-1.57; 0.47)	-1.73 (-3.05; -0.41)	-0.56 (-1.14; 0.01)	-0.05 (0.81; -0.40)
Intermediate education	89/2673	3.30 (0.49; 6.11)	-0.77 (-1.62; 0.09)	-0.77 (-1.70; 0.17)	-0.55 (-1.64; 0.55)	-0.58 (-1.09; -0.08)	-1.02 (0.31; -0.49)
High education	43/1228	-0.49 (-3.23; 2.25)	-1.28 (-2.53; -0.03)	0.13 (-1.22; 1.48)	-0.38 (-1.20; 0.44)	0.00 (-0.38; 0.37)	-0.33 (0.13; -0.77)
p-value for interaction[a]		0.08	0.37	0.60	0.28	0.35	0.29

Estimates represent differences in change in cognitive test scores in people with a stroke or TIA as compared to people without stroke or TIA, with 95% confidence intervals. Change in cognition is defined as cognition at follow-up, adjusted for baseline cognition. A higher score indicates a better cognitive performance for all tests (scores), except the Stroop test (time taken to finish the task, in seconds) in which a higher score indicates a worse performance. Estimates are adjusted for age, sex, study cohort, time between the two examination dates, body mass index, smoking, total cholesterol, high-density lipoprotein cholesterol, lipid-lowering medication use, systolic blood pressure, diastolic blood pressure, blood pressure-lowering medication use, and diabetes mellitus type 2.

[a]Interaction between presence of stroke or TIA and educational level for the risk of dementia.

LDST = Letter-Digit Substitution Task; VFT = Verbal Fluency Test; 15-WLT = 15-Word Learning Test; n = number of people with a stroke or TIA; N = total number of persons with at least one cognitive test.