

A Very Early Rehabilitation Trial (AVERT) data

Screening Logs. Stroke patients screened for the trial (n=45,670). Age, gender, type of stroke, NIHSS (mild, moderate, severe estimate only), reason/s not recruited.

Stroke Unit Questionnaire: Annual data from participating and active sites (n=56 sites, n=171 responses). 14 Questions. Stroke services, type of unit, yearly stroke admissions, operating bed numbers, dedicated stroke beds, admission procedures, nurse/patient ratios, therapist staffing (EFT), average length of stay, thrombolysis available, number treated for thrombolysis, hospital mobility protocol for thrombolysis, enforced daily rest periods, patients dressed in day clothes. This data has not been cleaned.

Recruited and consented patients (n=2104)

Screening Data (n=2104): Country, hospital, group allocation (very early mobilisation or usual care) age, date and time of stroke and admission, premorbid modified Rankin Scale, baseline modified Rankin Scale NIHSS, Type of stroke, Date and time of randomisation, marital status, living arrangement, country of birth, country of origin, highest level of education, employment status, smoking status, handedness, past medical conditions (hypertension, diabetes, high cholesterol, peripheral vascular disease, ischaemic heart disease, angina, lower limb arthritis, lower limb joint replacement, lower limb amputation, emphysema or chronic obstructive airways disease, atrial fibrillation), previous clinical stroke history, pre stroke mobility and aids, current stroke (rt-PA, dysphagia, side of brain lesion, side of symptoms), cerebral imaging (dates and type of scans, type of infarction or haemorrhage, haemorrhagic transformation, old strokes on scan, mobility scale for acute stroke, start cancellation test (neglect).

Time to First Mobilisation (n=2104, mobilised n=2078, not mobilised, n=26): Date, time and who first mobilised the patient out of bed. This CRF was kept in a separate files due to the potential to unblind assessors to group allocation.

Nursing Mobilisations (n=56,808): For every mobilisation and attempted mobilisation. Date, time, patient mobility level and highest activity of nursing mobilisation, staff assisting OR reason not mobilised. Recorded from recruitment to discharge from acute care, or till 14 days (whichever is sooner).

Therapist Mobilisations (n=30,789): For every physiotherapy mobilisation and attempted mobilisation. Date, time, patient mobility level, minutes in therapy, number of repetitions, Borg perceived exertion scale, staff assisting OR reason not mobilised. Recorded from recruitment to discharge from acute care, or till 14 days (whichever is sooner).

Days to 50 metre walk (n=2104): Date, gait aid OR if not walking (not achieved or death prior).

End of Intervention (n=2014): Date and time, reason for end of intervention.

3 and 12 Month Outcomes: modified Rankin Scale (3 Months: n= 2083, n=21 dropout; 12 months (n=2052, n=52 dropout), Barthel Index (/20), Rivermead Motor Assessment, Irritability, Depressions and Anxiety (IDA) scale, Assessment of Quality of Life (AQoL-4D). CD-AQoL. This is a modified AQoL, completed in small number of patients (n=20) with difficulty with language and patients were able to

complete this modified test. For patient using CD-AQoL, the AQOL was also completed by the carer/proxy and this proxy data is in the 3 month data table.

3 Months only: NIHSS subsection for orientation and language. Montreal Cognitive Assessment (MoCA).

Blinded Assessor Guess (3 Months only, n=2099, n=5 unknown): Group Allocation.

3 and 12 months Costs: Different CRFs were completed for Australia, NZ, Asia, and UK. Discharge date, discharge destination, dates for admission and discharge from rehab, discharge destination after rehab, emergency department visits and admission/discharge to hospital, residence, change in living arrangement (date, move location), ambulance transfers, dates of outpatient (OP) rehabilitation program, number of days of OP program, rehabilitation services in the home (RITH), days and number of sessions, types of community services before and after stroke, costs of home modifications, aids and equipment supplied, number of private physiotherapy sessions, days of respite care, employment status, work prior, type of work and work hours, post stroke average number of hours worked. For patients living at home, hours informal care for personal, domestic and community tasks over past week. In Asia, number of maids prior, 3 months and 12 months.

Important Medical Events (falls (three types), stroke progression, recurrent stroke, pulmonary embolism, deep vein thrombosis, myocardial infarct, angina, urinary tract infection, pressure sores, pneumonia, depression): Start date, end date, ongoing, severity, relationship to treatment, outcome, serious adverse event. Reported all important medical events until 3 months, then only serious adverse events after 3 months.

Adverse Events (all other events): Category (e.g. neurology, pulmonary etc), start date, end date, ongoing, severity, relationship to treatment, outcome, serious adverse event. All events reported until 14 days, then only serious adverse events after 14 day.

Serious Adverse Events (n=1520): Reason event is serious, serious start date, unexpected.

Staff Injury (n=1): Date, staff member type, nature, severity, body region, mobilising equipment used, days of work.

Death (n=257): Date, source of information, cause of death, location at time of death, death certificate seen, autopsy performed.

Protocol Deviation: Date and type of deviation. Internal use.

Patient Dropout: Date of dropout, reason. Internal use.