

Supplemental Table 1. Protocol-specified definitions of stroke and transient ischemic attack

Definition	
	New, sudden, focal neurological deficit resulting from a presumed cerebrovascular cause
	A stroke is considered if lasts greater than 24 hours
	A TIA is considered if lasts less than 24 hours
	Not due to a readily identifiable cause such as trauma, a tumor or seizure
	Subdural hematoma or epidural hematoma will not be considered intracranial bleeding
Confirmation	
	Autopsy confirmation
or	
	Two of the following
	New focal neurologic deficit
	Imaging study within 2 weeks after the onset of symptoms that demonstrates a stroke corresponding to the clinical signs and symptoms
	Neurology consultation report indicating the occurrence of a stroke
	Hospital discharge summary indicating the occurrence of a stroke
	Investigator detecting a difference in the neurologic status of the subject which indicates a stroke since the previous visit
Classification	
	Investigators will classify the strokes based upon imaging studies
	Primary ischemic infarction – stroke without focal collections of intracranial blood
	The occurrence of hemorrhagic conversion of a primary ischemic infarction will be recorded only if there are two or more imaging studies demonstrating progression of the stroke from ischemic (or bland) to hemorrhagic
	Primary hemorrhagic – stroke with focal collections of intracerebral blood. The diagnosis of primary hemorrhagic stroke can only be made with imaging studies. It may include intraventricular hemorrhage
	Subarachnoid hemorrhage – the diagnosis requires documentation by imaging study
	Uncertain – no imaging study or autopsy available