# Supplemental Material

Supplemental Figure-I. Workflow of statistical analysis. 24-hour NIH Stroke Scale score was analyzed as continuous, ΔNIHSS (baseline minus 24-hour NIHSS), and percent change in NIHSS (ΔNIHSS*100/baseline NIHSS). Youden's index was used to identify the optimal cut-point of 24-hour NIHSS and ΔNIHSS that best differentiate good vs bad outcome on the 90-day modified Rankin Scale score (mRS). Association of all of these measures with 90-day mRS dichotomized at 0-2 were evaluated using univariable and multivariable logistic regression and that with 90-day mRS on an ordinal scale were evaluated using the univariable and multivariable ordinal regression.
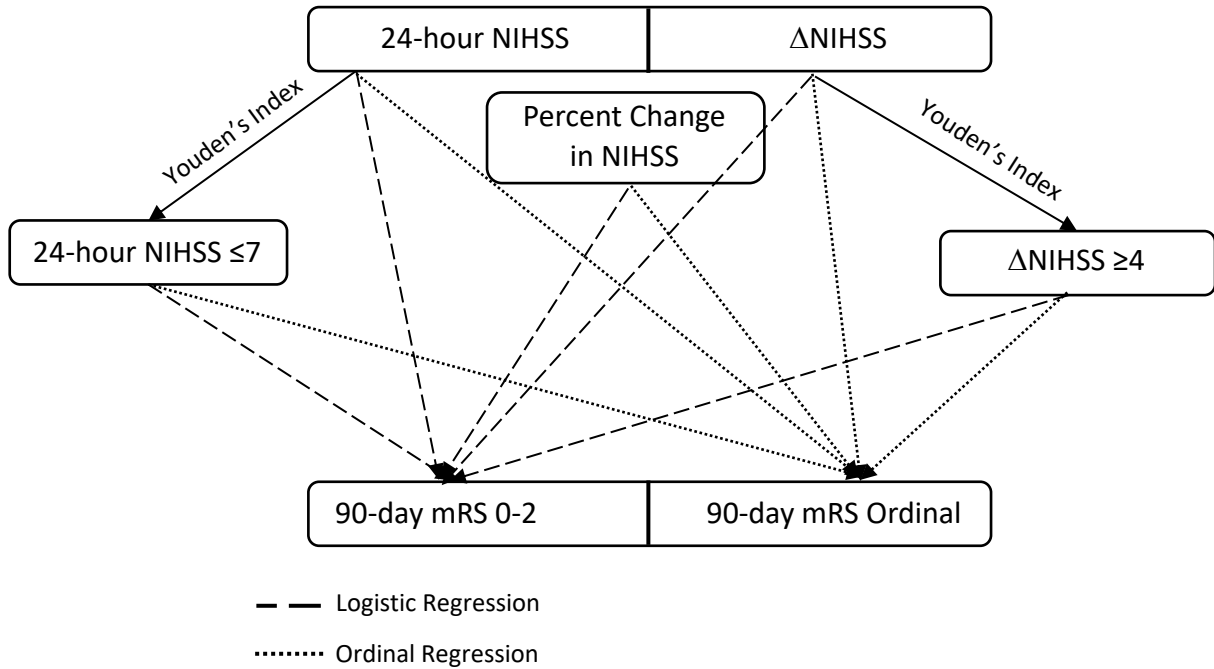
Supplemental Table-I. Predictive Power of Various Definitions of Early Neurological Recovery in Predefined Multivariable Logistic Regression Models		
Variable	**Adjusted rho^2**	**rho^2**
For 90-day mRS 0-2 outcome		
24-hour NIHSS ≤7	0.358	0.359
∆NIHSS≥4	0.137	0.139
24-hour NIHSS	0.368	0.371
∆NIHSS	0.161	0.164
Percent Change from Baseline	0.155	0.156
Age	0.095	0.099
ASPECTS	0.041	0.045
Glucose	0.037	0.041
Hypertension	0.238	0.026
Baseline NIHSS	0.075	0.080
Successful Recanalization	0.024	0.026
Intravenous thrombolysis	0.013	0.015
Time to recanalization	0.003	0.037
For ordinal 90-day mRS outcome		
24-hour NIHSS ≤7	0.375	0.376
∆NIHSS≥4	0.155	0.157
24-hour NIHSS	0.444	0.446
∆NIHSS	0.187	0.191
Percent Change from Baseline	0.150	0.154
Age	0.137	0.141
ASPECTS	0.042	0.046
Glucose	0.051	0.055
Hypertension	0.046	0.048
Baseline NIHSS	0.096	0.099
Successful Recanalization	0.038	0.040
Intravenous thrombolysis	0.014	0.017
Time to recanalization	0.034	0.038