

Paper	Loss to follow-up	Surveillance for diagnosis of incident events	Definition used for outcome events	Information on event subtypes	Effect estimate available	Analysis taking into account time to event
Appelros et al., <i>Cerebrovasc Dis</i> 2005	none reported	medical visit	WHO criteria	yes (ischemic stroke, lacunar stroke)	yes	yes
Bokura et al., <i>J Stroke Cerebrovasc Dis</i> 2006	none reported	self-reported questionnaire + telephone	not detailed	yes (ischemic, hemorrhagic stroke)	yes	no
Bombois et al., <i>Stroke</i> 2008	none reported	medical visit	DSM-IV, NINCDS-ADRDA, NINDS-AIREN	yes (dementia type)	yes	yes
Buyck et al., <i>Stroke</i> 2009	0.8-4.3%	medical visit + self-reported questionnaire	not detailed	yes (ischemic, hemorrhagic stroke)	yes	yes
Debette et al., <i>Stroke</i> 2007	none reported	medical visit	MMSE, DRS (including subscores)	yes (memory, executive function)	yes	yes
Debette et al., <i>Stroke</i> 2010	none reported	medical visit + continuous monitoring	WHO criteria, DSMIV, NINCDS-ADRDA	yes (ischemic, hemorrhagic stroke; dementia type)	yes	yes
DeCarli et al., <i>Neurology</i> 2004	0%	medical visit	composite memory and executive function scores	yes (memory, executive function)	yes	yes
Dufouil et al., <i>Stroke</i> 2009	none reported	medical visit	MMSE, DSM-IV	no	yes	yes
Firbank et al., <i>Neurobiol Aging</i> 2007	0% (only patients with 2 year assessment included)	medical visit	DSM-IV, CAMCOG	no	yes	yes
Fu et al., <i>J Neurol Neurosurg Psychiatry</i> 2005	4.8%	medical visit or telephone	WHO criteria	yes (ischemic, hemorrhagic stroke)	yes	yes
Gerdes et al., <i>Atherosclerosis</i> 2006	none reported	self-reported questionnaire + telephone	Ischemic stroke defined as acute neurologic deficit persisting \geq 1week and hemorrhage ruled out by early CT scan	yes (ischemic stroke only)	yes	yes
Geroldi et al., <i>J Neurol Neurosurg Psychiatry</i> 2006	none reported	medical visit	NINCDS-ADRDA	yes (dementia type)	yes	no
Ikram et al., <i>Neurobiol Aging</i> 2007	1.6%	medical visit + automated linkage of the study database with files from general practitioners, municipality and Regional Institute for Outpatient Mental Health Care	WHO criteria, DSM-III	yes (cause of death)	yes	yes
Jokinen et al., <i>Cerebrovasc Dis</i> 2009	11.4%	medical visit	DSM-IV, various tests of global cognition, memory, executive function and processing speed	yes for cognition	yes	no
Kantarci et al., <i>Neurology</i> 2009	none reported	medical visit	DSM-III-R	yes (dementia type)	yes	yes
Kerber et al., <i>J Neurol Sci</i> 2006	5.5%	medical visit, death certificates	death	yes (cause of death)	yes	yes
Korf et al., <i>Neurology</i> 2004	7.4%	medical visit	DSM-IV	yes (dementia type)	yes	yes
Kramer et al.,	none reported	medical visit	composite memory and executive function	yes (memory, executive function)	yes	yes

<i>Neuropsychology</i> 2007			scores			
Kuller et al., <i>Neurobiol Aging</i> 2007	none reported	medical visit, death certificates	death	yes (cause of death)	yes	yes
Kuller et al., <i>Neuroepidemiology</i> 2003	none reported	medical visit or self-reported questionnaire + telephone	not specified	yes (dementia type)	yes	yes
Kuller et al., <i>Stroke</i> 1998	none reported	medical visit	3MSE	no	yes	yes
Kuller et al., <i>Stroke</i> 2004	none reported	medical visit + surveillance phone call	WHO criteria	yes (ischemic, hemorrhagic stroke; ischemic stroke subtype)	yes	yes
Levy et al., <i>Am J Geriatr Psychiatry</i> 2003	none reported	medical visit, Social Security death index, obituary newspaper	death	no	yes	yes
Longstreth et al., <i>Stroke</i> 2005	none reported	medical visit	3MSE	yes (global cognitive, processing speed)	yes	yes
Meguro et al., <i>J Neurol Sci</i> 2007	none reported	medical visit	DSM-IV, NINCDS-ADRDA, NINDS-AIREN	yes (dementia type)	yes	no
Mungas et al., <i>Neurology</i> 2002	none reported	medical visit	composite score for global cognition	no	yes	yes
Mungas et al., <i>Neurology</i> 2005	none reported	medical visit	composite memory and executive function scores	yes (memory, executive function)	yes	yes
Naka et al., <i>AJNR Am J Neuroradiol</i> 2006	1.1%	no details	NINDS classification	yes (ischemic, hemorrhagic stroke; ischemic stroke subtype)	yes	yes
Oksala et al., <i>J Neurol Neurosurg Psychiatry</i> 2009	0.5%	Statistics Finland, death certificates	death, ICD9 and ICD10 causes	yes (cause of death)	yes	yes
Prins et al., <i>Arch Neurol</i> 2004	none reported	medical visit + continuous monitoring	DSM-III-R, NINCDS-ADRDA, NINDS-AIREN	yes (dementia type)	yes	yes
Prins et al., <i>Brain</i> 2005	<1%	medical visit	various tests of global cognition, memory, executive function and processing speed	yes (cognitive domains)	yes	yes
Schmidt et al., <i>Ann Neurol</i> 2005	4.5%	medical visit	composite scores for memory, conceptualization, visuopractical skills, attention/speed	yes (cognitive domains)	yes	yes
Silbert et al., <i>Neurology</i> 2009	none reported	medical visit	2 consecutive semiannual CDR scores \geq 0.5	no	yes	yes
Smith et al., <i>Neurology</i> 2004	none reported	telephone interview + review of medical records	recurrent intracerebral hemorrhage	yes (intracerebral hemorrhage)	yes	yes
Smith et al., <i>Arch Neurol</i> 2008	none reported	medical visit	DSM-IV, NINCDS-ADRDA, NINDS-AIREN	yes (dementia type)	yes	yes
Staekenborg et al., <i>Stroke</i> 2009	none reported	medical visit	NINCDS-ADRDA, NINDS-AIREN, Neary and Snowden, McKeith	yes (dementia type)	yes	yes
Steffens et al., <i>Am J Geriatr</i>	none reported	medical visit	DSM-IV, NINCDS-ADRDA, NINDS-AIREN	yes (dementia type)	no	yes

<i>Psychiatry</i> 2007						
Steffens et al., <i>Lancet</i> 2000	none reported	medical visit	non specified	no	no	yes
Tapiola et al., <i>Neurobiol Aging</i> 2008	none reported	medical visit	DSM-IV, NINCDS-ADRDA	yes (dementia type)	yes	yes
van den Heuvel et al., <i>J Neurol Neurosurg Psychiatry</i> 2006	none reported	medical visit	tests of memory, executive function and processing speed	yes (cognitive domains)	yes	no
van der Flier et al., <i>Int J Geriatr Psychiatry</i> 2005	1.3%	medical visit	CAMCOG	no	yes	yes
van Dijk et al., <i>Stroke</i> 2008	<1%	medical visit	various tests of global cognition, memory and processing speed	yes (cognitive domains)	yes	no
van Straaten et al., <i>J Neurol</i> 2008	none reported	medical visit	NINCDS-ADRDA	yes (dementia type)	yes	yes
Vermeer et al., <i>Stroke</i> 2003	0%	medical visit + continuous monitoring	WHO criteria	yes (ischemic, hemorrhagic stroke)	yes	yes
Wong et al., <i>Jama</i> 2002	none reported	annual contact with participants and families, survey of discharge lists from local hospitals and death certificates from state vital statistics offices	non specified	yes (ischemic, hemorrhagic stroke)	yes	yes
Yamauchi et al., <i>J Neurol Neurosurg Psychiatry</i> 2002	none reported	medical visit	non specified	yes (ischemic, hemorrhagic stroke)	yes	yes