SUPPLEMENTAL MATERIAL

Supplementary Table I. Baseline characteristics according to patients with missing vs. non-missing 3-month outcomes.

	Missing outcomes (n=44)	**Non-missing outcomes** (n=546)	**p-value**
Demographics			
Age, years, mean (SD)	68.3 (14.8)	70.7 (15.5)	0.31
Male, n (%)	23 (52%)	285 (52%)	0.99
White, n (%)	34 (77%)	456 (84%)	0.29
ICH characteristics			
ICH volume, cc, mean (SD)	10.6 (16.5)	20.3 (26.5)	0.02
Intraventricular hemorrhage, n (%)	12 (27%)	212 (39%)	0.13
Infratentorial location, n (%)	2 (5%)	69 (13%)	0.11
Initial GCS score <13, n (%)	8 (18%)	142 (26%)	0.46
Adjudicated etiology, n (%)			
Hypertensive	22 (50%)	261 (48%)	0.74
Cerebral amyloid angiopathy	11 (25%)	135 (25%)	
Other	11 (25%)	146 (27%)	
Ever delirious, n (%)	22 (50%)	326 (60%)	0.21

Abbreviations: SD, standard deviation; ICH, intracerebral hemorrhage; GCS, Glasgow Coma Scale

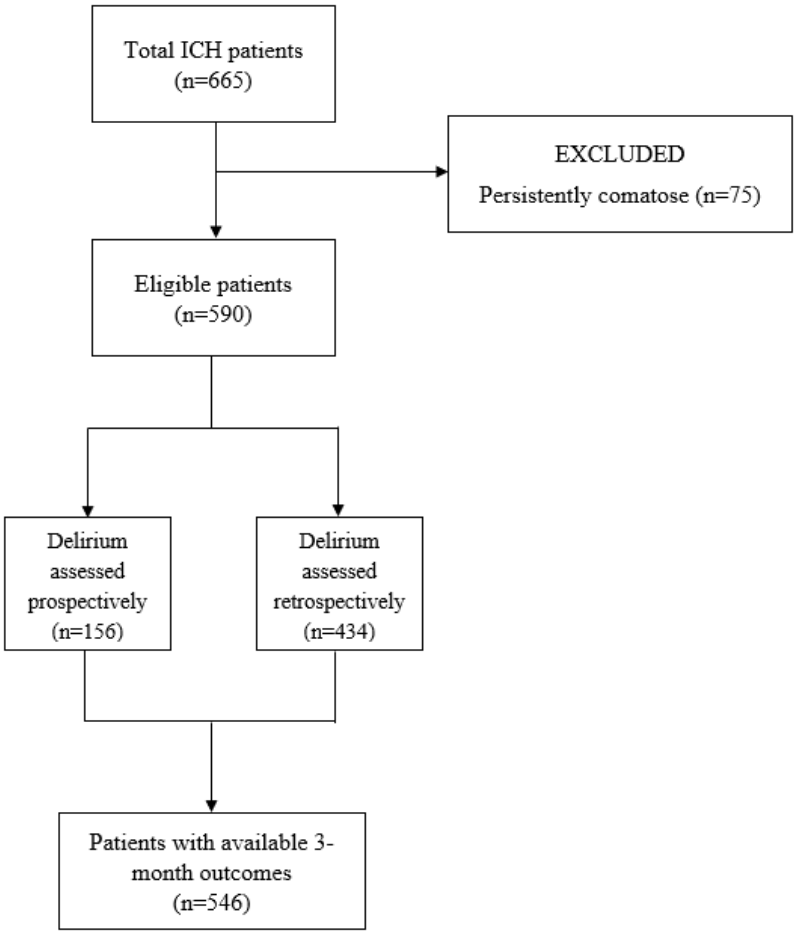
Supplementary Table II. Statistical output from mediation analysis using 'ldecomp' package. The total effect of delirium on outcomes was decomposed into its indirect effect (via discharge location) and direct effect (not related to discharge location).

	Odds ratio (95% CI)	**p-value**
Primary analysis (n=279)		
Total	2.8 (1.5-5.3)	0.001
Indirect effect	1.3 (1.1-1.5)	0.006
Direct effect	2.2 (1.1-4.4)	0.02
Sensitivity analysis (n=125)		
Total	3.4 (1.1-10.8)	0.04
Indirect effect	1.2 (0.97-1.5)	0.095
Direct effect	2.8 (0.84-9.6)	0.093

Note: The primary analysis comprised all survivors discharged to an acute inpatient rehabilitation facility or skilled nursing facility, while the sensitivity analysis included only patients who had available data on pre-morbid functional status.

Abbreviations: CI, confidence interval

Supplementary Figure. Patient flow diagram.



STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	2
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	2-3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5
Objectives	3	State specific objectives, including any prespecified hypotheses	5-6
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	6-8
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7-8
Bias	9	Describe any efforts to address potential sources of bias	9-10
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	8-10
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	8-10
		(*b*) Describe any methods used to examine subgroups and interactions	9-10
		(*c*) Explain how missing data were addressed	9
		(*d*) If applicable, explain how loss to follow-up was addressed	9
		(*e*) Describe any sensitivity analyses	10
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	10
		(b) Give reasons for non-participation at each stage	10
		(c) Consider use of a flow diagram	Supp. Figure
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	10-11
		(b) Indicate number of participants with missing data for each variable of interest	13
		(c) Summarise follow-up time (eg, average and total amount)	13
Outcome data	15*	Report numbers of outcome events or summary measures over time	11-13

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	10-14
		(*b*) Report category boundaries when continuous variables were categorized	N/A
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	11-14
Discussion			
Key results	18	Summarise key results with reference to study objectives	14-16
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	17
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18
Generalisability	21	Discuss the generalisability (external validity) of the study results	17
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	18

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Supplementary Figure. Patient flow diagram.