**Supplement Figure 1**

Study design and follow-up

**Loss to follow-up:**

* 3-month: 6 Patients
* 1 year: 8 patients
* 5 years: 69 patients

***The second phase: 2013-2014***

* Door-to-door visit of the patients at their most recent address
* Checked with neighbors or relatives or any changes in contact numbers or address
* The list of all burials was reviewed in Khorasan Razavi province, the Bureau of Forensics database, and the Ministry of Health death records.
* Referral by family physicians, neurologists, outpatient clinics, nursing homes
* Invitation by television (once) and newspapers (twice)
* Using 982 community health volunteers for door to door screening
* Review of death certificates
* Review of the medical records of all patients admitted to the hospitals
* **Hospitals in study area:**

Ghaem, Imam Hossein, 17 Shahrivar, Hasheminejad

* **Hospitals outside the study area:**

Imam Reza, Farabi

Non-hospitalized patients (31.5%)

Hospitalized patients (63.5%)

Follow up

***The first phase: 2006-2012***

* Telephoned patients or their proxies
* The call was repeated up to three occasions the next day, the following week, and the week after.
* Face to face visit at office
* Visit severely disabled patients in their homes

***Study area:*** *Mashhad*, the second largest city in Iran (population⸟ 3 millions)

***Study population:*** residents of three distinct health area in Mashhad (population: 450,229)

Case Enrollment: November 21, 2006 – November 20, 2007

**Final stroke registration:**

* Total number of patients: n= 684
* First-ever Ischemic strokes: n=512

If unsuccessful