

## Supplementary materials

### Stroke Physical Activity Questionnaire (SPAQ)

This questionnaire asks about the time you spent doing mild, moderate, and/or vigorous activity in the last 7 days. Physical activities requiring muscular movement in your daily activities include physical work, household chores, commuting (by walking/running/cycling), or exercise. Please estimate the time and frequency doing each activity.

Type of physical activity	Frequency and duration	Average time per week (min)
<b>1. Low physical activities (activities that take minimal physical effort during which you could breathe normally or be able to sing.)</b>		
1.1 Daily living activities (e.g., grooming, bathing, dressing)	Duration: ..... hours.....min/day	
1.2 Light housework (e.g., cleaning house, sweeping, dish washing, tidying, washing clothes)	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
1.3 Light gardening (i.e., trimming trees and watering)	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
1.4 Grocery shopping	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
1.5 Range of motion and flexibility exercise	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
1.6 Leisurely walking	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
1.7 Leisurely cycling	<input type="checkbox"/> No <input type="checkbox"/> Every day:	

	Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
	Total time in low physical activities	
<b>2. Moderate physical activities (activities that require moderate physical effort and you are breathing harder and faster than normal. You can talk in sentences but cannot sing.)</b>		
2.1 Walking up and down stairs	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
2.2 Brisk walking	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
2.3 Moderate intensity aerobic exercise (i.e., cycling for exercise or others (describe).....)	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
	Total time in moderate physical activities	
<b>3. Vigorous physical activities (activities that take hard physical effort. You are breathing deeper and harder. You can speak 2 or 3 words but cannot speak in sentences.)</b>		
3.1 Strengthening exercise (i.e., weight-lifting or resistance exercise)	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
3.2 High intensity exercise (i.e., running, aerobic dancing, or other high intensity exercise (describe).....)	<input type="checkbox"/> No <input type="checkbox"/> Every day: Duration: ..... hours.....min/day <input type="checkbox"/> Other: Frequency: .....days/week Duration: ..... hours.....min/day	
	Total time in vigorous physical activities	