

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)
1. Low physical activities (activities that take minimal physical effort during which you could breathe normally or be able to sing.)		
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	
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.)		
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	
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.)		
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	