Appendix A. Newcastle-Ottawa Quality Assessment Scale.

	Selection				Comparability		Outcome	
	Representatives of Exposed Cohort	Selection of Nonexposed Cohort	Ascertainment of Exposure	Outcome Not Present	Comparability of Cohorts	Assessment of Outcome	Follow-up A	Follow-up B
Serologic/Diagnostic								
Kizer et al. (2014)	A	N/A	A	В	A	В	A	В
Cao et al., (2003)	A	N/A	A	В	A	В	A	В
Sacco et al., (2004)	В	N/A	A	A	A	В	A	В
Abbott et al., (2007)	В	N/A	A	A	A	В	A	В
Shores et al. (2014)	В	N/A	A	A	A	В	A	В
Khawaja et al., (2014)	A	N/A	A	В	A	В	A	В
Raipathak et al., (2011)	В	N/A	A	A	A	В	A	В
Saber et al., (2015)	A	N/A	A	A	A	В	A	В
Gardin et al., (2001)	A	N/A	A	В	A	В	A	В
Traditional Mukamel et al. (2005)	A	N/A	В	В	A	В	A	В
Sacco et al. (1999a)	A	N/A	В	В	A	С	N/A	N/A
Ottenbacher et al. (2004)	С	N/A	A	В	A	В	A	В
Naderi, Masoomi, Mozaffar and Malik (2014)	A	N/A	A	A	A	В	A	В
Lichtman, Krumbolz, Wang, Radford and Brass (2002)	A	N/A	A	В	A	В	A	В
Abbott et al. (2001)	A	N/A	A	В	A	В	A	В
Seshardi et al., (2001)	A	N/A	A	В	A	В	A	В
Colantonio, Kasl & Ostfield (1992)	A	N/A	В	В	A	В	A	В

Sacco et al. (1998)	A	N/A	A	A	A	В	N/A	N/A
Mukamel et al.	A	N/A	В	N/A	A	С	A	В
(2005)								
Genetic								
Ferrucci et al. (1997)	В	N/A	A	N/A	A	В	A	В
Brophy et al. (2006)	В	N/A	A	N/A	A	A	A	В
Olsen et al. (2015)	A	N/A	A	N/A	A	A	A	В
Psychosocial								
Arbelaez, Ariyo,	A	N/A	В	В	A	В	A	В
Crum, Fried and Ford								
(2007)								
Henderson et al.,	A	N/A	В	В	A	В	A	В
(2013)								
Yu et al., (2015)	A	N/A	A	A	A	A	A	A
Cognitive/								
Miscellaneous	В	N/A	В	A	A	C	A	В
Ostir et al., (2003)								
Elkins et al., (2004)	A	N/A	В	A	A	C	A	В
Ferruci et al., (1999)	A	N/A	В	A	A	C	A	В
Luchsinger et al.,	A	N/A	A	N/A	A	В	A	В
(2001)*								

Selection:

- 1) Representativeness of the exposed cohort—A = truly representative of the average number of patients in the community; B = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community; C = truly representative of the average number of patients in the community in the average number of patients in the community in the average number of patients in the average number of patients in the average number of patients in the average number of patient
- 2) Selection of the nonexposed cohort—A = drawn from the same community as the exposed cohort; B = drawn from a different source; C = no description of the derivation of the nonexposed cohort.
- 3) Ascertainment of exposure—A = secure record (e.g., surgical records); B = structured interview; C = written self-report; D = no description.
- 4) Demonstration that outcome of interest was not present at start of study—A = yes; B = no.

Comparability:

1) Comparability of cohorts on the basis of the design or analysis—A = study controls for known risk factors of ischemic stroke (e.g., Age; Gender); B = study controls for any additional factor (these criteria could be modified to indicate specific control for a second important factor).

Outcome:

- 1) Assessment of outcome—A = independent blind assessment; B = record linkage; C = self-report; D = no description.
- 2) Was follow-up long enough for outcomes to occur—A = yes (select an adequate follow-up period for outcome of interest); B = no.
- 3) Adequacy of follow-up of cohorts—A = COMPLE = COMPLE