Supplementary Material 11: Categorisation of data: variables and options

Data elements categorised, with categorisation options	
Study Information	• Study continent - Asia, Africa, Europe, N. America, S. America, Australia
Study characteristics	• Number of recruitment sites single vs multiple • stakeholder involvement/ PPI - yes, not reported • Study design - RCT, case report, case series, case-controlled, cross sectional, controlled trial (control arm, but no randomization), other
Participants	• Age – (Child (<18), Adult (18 - 65), Older adult (>65) adults and older Adult, unclear, not reported • Sex - % female (<25% women, 25 - 50% women, 51 - 75% women, >75 % female, unclear, not reported) • Stroke severity reported - yes/no • Type of stroke - ischaemic, hemorrhagic, both, unclear, not reported • Just stroke survivors - yes, no unclear • Hemisphere affected - % right sided (0 - 20% right, 21 - 40% right, 41 - 60 % right, 61 - 80% right, 81 - 100% right, unclear, not reported) • Presence of other stroke related impairment yes single, yes multiple, unclear, not reported • time since stroke - Acute (up to one month), sub-acute (1 to 6 months), Chronic (more than 6 months), unclear, not reported • sense affected - hearing, smell, somatosensation, tactile, taste, vision • Method of diagnosing perceptual impairment - standardized test, self-report, clinical assessment not reported
Interventions	• Approach - pharmacological, non-invasive brain stimulation, rehabilitation. Rehabilitation was further classified as restitution (direct training of impaired function), compensation (compensation of deficit by a training/using a spared function) substitution (use of an external device or modification e.g. optic or prosthetic devices, environmental redesign)[1], or a mix of these. Non-invasive brain stimulation includes transcranial magnetic stimulation (rTMS), theta burst stimulation (TBS), and transcranial direct current stimulation (tDCS). • Rationale reported - yes, partial yes, no* • Materials reported - yes, partial yes, no* • Materials - health care professional led, technology (machinery, computer, robotics), brain stimulation, equipment (specialised

	equipment that does not come under technology), pharmacological, not reported • Procedure reported - yes, partial yes, no* • Materials access details reported - yes, partial yes, no* • Intervention provider reported - yes, partial yes, no* • intervention provider - physiotherapist, occupational therapist, researcher, medical doctor (medic), other, not reported, unclear • Mode of delivery - yes, partial yes, no* • mode of delivery - one-to-one, self-delivery, group, not reported, unclear • Location of delivery reported -yes, partial yes, no* • location of delivery categorized - hospital inpatient, hospital outpatient, hospital in- or out-patient, home, not reported • When and how much reported - yes, partial yes, no* • duration of intervention delivery - less than one week, one month or less, between one and three months, more than three months, not reported, unclear • Other intervention type - active, sham, unclear • Intervention tailored - yes, partial yes, no* • Was evaluation of adherence or fidelity planned -yes, partial yes, no* • Were any other interventions tested? yes/no • Was the intervention delivered alongside usual care - yes, no, unclear
Results	• Outcome measures –ADL, Perception, EADL, Sensory, Cognitive, Attention, Motor/motor sensory, Mobility, navigation, and safety, Language, QoL, Social activities, skills, and participation, Psychological effects and mental health, Discharge Destination, Adverse events, Economic outcomes, Feasibility outcomes, Compensating for perceptual deficits by using other skills, Impact on rehabilitation, Paediatric specific: development and education, Brain (neurological) function,Impact on family, friends, and carers, no outcome measures used • Measurement timepoint (based on longest follow-up point) - (Immediate (same day as intervention), Medium term (1-3 months), Long term (> 3 months), not reported

* Partial yes - where some detail is given, but it lacks enough detail for a clinician to be able to deliver the intervention