

Supplementary Table 1. Criteria for post-stroke emotional incontinence and anger used in this study

	Original definition	Modified*
Kim's criteria for post-stroke emotional incontinence (PSEI) ²	<p>Patients and relatives were asked if the patient showed excessive or inappropriate laughing, crying, or both, as compared with the premorbid state.</p> <p>PSEI was confirmed when both the patient and relatives agree that they occurred on more than two occasions.</p> <p>Inappropriateness indicates laughing or crying that occurs while talking, listening, meeting people, or watching television, when the incident is not particularly amusing or sad to ordinary people.</p>	Same as the original definition, but relative's confirmation was not required
Spielberger trait anger-Kim's scale for post-stroke anger (PSA)	<p>Assessment of PSA[†] was supported by application of the 10-item Spielberger Trait Anger Scale.</p> <p>For each question, patients were asked to use a numerical scale (1, almost never; 2, sometimes; 3, often; and 4, almost always) to best represent their pre-stroke and current (post-stroke) statuses, separately. An overall anger score was obtained by summation of individual scores. PSA was defined to be present when (1) the sum of the PSA score was higher than that of pre-stroke score; (2) the patient felt that he or she had developed PSA; and (3) at least one of the relatives who lived with the patient agreed on number 2.</p>	Same as the original definition, but relative's confirmation was not required and the PSA was not compared with the pre-stroke score.

*Originals were modified for clinical trials. By omitting "relative's confirmation" we were able to include patients who lived alone and could more easily perform telephone or postal interview. We were also able to decrease the burden on investigators and patients in the trial; [†]The term "inability to control anger and aggression" was used in the original paper.