

Document S1

Belief in Own Impact on Recovery Scale

MEASUREMENT (baseline/ post-treatment)

Patient's first and last name: Test date:

Name and surname of the therapist conducting the test:

Comments:

Rate **what your recovery depends on**, on a scale of 1 to 5. Where **1** is **the least important** factor and **5** is **the most important** factor. You can only assign each grade once. You assign only one factor 5, only one factor 4, only one factor 3, etc.

- ☐ **from me** (my commitment, my motivation, my strategies for coping with the effects of a stroke)
- ☐ **from a doctor, physical therapist, psychologist and other form of therapy**
- ☐ **from a family, relatives, my surroundings**
- ☐ **from a disease progression**
- ☐ **other** (please specify if there are any other factors not listed on the scale)
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