Supplementary Materials

Supplementary File 1. Divergences from peer-reviewed protocol.

The scoping review protocol stated "Data will be analyzed using a grounded theory approach based on the principles of textual narrative synthesis, in line with the procedure outlined by Lucas et al." (Hobden & Demeyere, 2023, p.3). However, after further consideration of JBI guidelines supporting the use of qualitative analysis only when it is descriptive in nature, we opted to employ a pragmatic approach to thematic analysis, broadly resembling qualitative content analysis procedures but diverging in epistemological and ontological assumptions (Braun & Clarke, 2021). In line with qualitative content analysis, a structured coding framework was used to develop and document the analysis but (post)positivist and atheoretical assumptions often espoused by proponents of content analysis were not endorsed, so we consider our method more closely aligned to the codebook approach outlined by (Braun & Clarke, 2021) than more traditional content analysis methods (Forman & Damschroder, 2007). Nevertheless, in line with guidance from (Peters et al., 2020), the goal of the qualitative analysis was purely descriptive in nature.

Supplementary File 2. Example search conducted on MEDLINE (PubMed) on 7th July, 2023. Note that this search strategy was developed in consultation with an expert university librarian and was peer-reviewed.

Search	Query	Records retrieved
#1	"Stroke" [Mesh] OR stroke*[tiab] OR "cerebral infarct*"[tiab] OR "cerebrovascular infarct*"[tiab] OR "cerebrovascular accident*"[tiab]	369,044
#2	"Patients" [Mesh] OR "Caregivers" [Mesh] OR patient*[tiab] OR survivor*[tiab] OR victim*[tiab] OR carer*[tiab] OR caregiver*[tiab]	8,296,534
#3	"Education" [Mesh] OR "information need*"[tiab] OR "education need*"[tiab] OR "knowledge need*"[tiab]	907,499
#4	"Cognition"[Mesh] OR "Memory"[Mesh] OR "Executive Function"[Mesh] OR cogniti*[tiab] OR thinking[tiab] OR memory[tiab] OR attention[tiab] OR "executive function*"[tiab] OR aphasia*[tiab] OR dementia*[tiab] OR language[tiab] OR neglect[tiab] OR neuropsych*[tiab]	1,719,882
#5	#1 AND #2 AND #3 AND #4	434

Supplementary File 3. Search strategies used to search the following electronic databases on 25th August, 2023: PsycINFO, Embase, CINAHL and Scopus. Note that these search strategies were developed from the above peer-reviewed search strategy using the Polyglot tool provided by Systematic Review Accelerator software (https://sr-accelerator.com/).

PsycInfo (Ovid)

Search	Query
#1	exp Stroke/ OR stroke*.ti,ab. OR "cerebral infarct*".ti,ab. OR "cerebrovascular infarct*".ti,ab.
	OR "cerebrovascular accident*".ti,ab.

#2	exp Patients/ OR exp Caregivers/ OR patient*.ti,ab. OR survivor*.ti,ab. OR victim*.ti,ab. OR caregiver*.ti,ab. OR famil*.ti,ab.
#3	exp Education/ OR "information need*".ti,ab. OR "education need*".ti,ab. OR "knowledge need*".ti,ab. OR psychoeducation*.ti,ab.
#4	exp Cognition/ OR exp Memory/ OR exp "Executive Function"/ OR cogniti*.ti,ab. OR thinking.ti,ab. OR memory.ti,ab. OR attention.ti,ab. OR "executive function*".ti,ab. OR aphasia*.ti,ab. OR dementia*.ti,ab. OR language.ti,ab. OR neglect.ti,ab. OR neuropsych*.ti,ab.

Embase

Search	Query
#1	Stroke/exp OR stroke*:ti,ab OR 'cerebral infarct*':ti,ab OR 'cerebrovascular infarct*':ti,ab OR 'cerebrovascular accident*':ti,ab
#2	Patients/exp OR Caregivers/exp OR patient*:ti,ab OR survivor*:ti,ab OR victim*:ti,ab OR caregiver*:ti,ab OR famil*:ti,ab
#3	Education/exp OR 'information need*':ti,ab OR 'education need*':ti,ab OR 'knowledge need*':ti,ab OR psychoeducation*:ti,ab
#4	Cognition/exp OR Memory/exp OR 'Executive Function'/exp OR cogniti*:ti,ab OR thinking:ti,ab OR memory:ti,ab OR attention:ti,ab OR 'executive function*':ti,ab OR aphasia*:ti,ab OR dementia*:ti,ab OR language:ti,ab OR neglect:ti,ab OR neuropsych*:ti,ab
#5	#1 AND #2 AND #3 AND #4

CINAHL

Search	Query
#1	(MH Stroke+) OR (TI stroke* OR AB stroke*) OR (TI "cerebral infarct*" OR AB "cerebral infarct*") OR (TI "cerebrovascular infarct*" OR AB "cerebrovascular infarct*") OR (TI
	"cerebrovascular accident*" OR AB "cerebrovascular accident*")

#2	(MH Patients+) OR (MH Caregivers+) OR (TI patient* OR AB patient*) OR (TI survivor* OR AB survivor*) OR (TI victim* OR AB victim*) OR (TI carer* OR AB carer*) OR (TI caregiver* OR AB caregiver*) OR (TI famil* OR AB famil*)
#3	(MH Education+) OR (TI "information need*" OR AB "information need*") OR (TI "education need*" OR AB "education need*") OR (TI "knowledge need*" OR AB "knowledge need*") OR (TI psychoeducation* OR AB psychoeducation*)
#4	(MH Cognition+) OR (MH Memory+) OR (MH "Executive Function+") OR (TI cogniti* OR AB cogniti*) OR (TI thinking OR AB thinking) OR (TI memory OR AB memory) OR (TI attention OR AB attention) OR (TI "executive function*" OR AB "executive function*") OR (TI aphasia* OR AB aphasia*) OR (TI dementia* OR AB dementia*) OR (TI language OR AB language) OR (TI neglect OR AB neglect) OR (TI neuropsych* OR AB neuropsych*)
#5	#1 AND #2 AND #3 AND #4

Scopus

Search	Query
#1	INDEXTERMS(Stroke) OR TITLE-ABS(stroke*) OR TITLE-ABS("cerebral infarct*") OR TITLE-ABS("cerebrovascular infarct*") OR TITLE-ABS("cerebrovascular accident*")
#2	INDEXTERMS(Patients) OR INDEXTERMS(Caregivers) OR TITLE- ABS(patient*) OR TITLE-ABS(survivor*) OR TITLE-ABS(victim*) OR TITLE- ABS(carer*) OR TITLE-ABS(caregiver*) OR TITLE-ABS(famil*)
#3	INDEXTERMS(Education) OR TITLE-ABS("information need*") OR TITLE-ABS("education need*") OR TITLE-ABS("knowledge need*") OR TITLE-ABS(psychoeducation*)
#4	INDEXTERMS(Cognition) OR INDEXTERMS(Memory) OR INDEXTERMS("Executive Function") OR TITLE-ABS(cogniti*) OR TITLE-ABS(thinking) OR TITLE-ABS(memory) OR TITLE-ABS(attention) OR TITLE-ABS("executive function*") OR TITLE-ABS(aphasia*) OR TITLE-ABS(dementia*) OR TITLE-ABS(language) OR TITLE-ABS(neglect) OR TITLE- ABS(neuropsych*)
#5	#1 AND #2 AND #3 AND #4

Supplementary File 4. Final tool used to extract data from included articles.

Author, Year, Country	Title	Research design (e.g., cross- sectional, longitudinal)	Research methods (e.g., survey, semi- structured interviews)	Timepoint(s) since stroke investigated	Population(s) investigated	Participant demographics	Relevant findings

Supplementary File 5. Summary of extracted data from included articles. Where the article had multiple aims, all study aims are presented with the aim most relevant to this scoping review highlighted in italics. Terminology and results are quoted verbatim from included articles where they align sufficiently with the table headings, leading to variation in terminology used across the table. Psychoeducation needs are presented in the order listed within the articles.

Authors, Year, Country	Study aims	Study methodology	Participant sample	Participant demographics	Timepoint(s) investigated	Cognition-related psychoeducation need(s) identified
Avent et al., 2005, USA	To identify information needed by family members at different phases after onset of aphasia.	Qualitative methods. Focus groups, analysis using five-stage framework approach.	16 family members.	Age: Not reported. Gender: 15 female, 1 male. Relationship: 12 spouses, 2 children, 1 parent, 1 long-term partner. Average time since stroke: 5.5 years (range: 1.10-13).	Onset of aphasia (hospitalisation). Initial rehabilitation. Chronic phases of aphasia.	 General information. Specific time-based aphasia information. Information about psychosocial support and counselling. Hopeful information. Information about coexisting behavioural and medical conditions, including depression, impaired judgement, fatigue, personality changes. Information about aspects of treatment. Information about maximising communicative effectiveness. Information about how to access available resources. Information about long-range planning (e.g., life expectancy and health maintenance). Information about financial aid. Information about independent living arrangements. Information about support groups. Information about alternative therapies.
Cheng et al., 2022, Australia	To explore the perspectives of significant others of people with aphasia on receiving information about prognosis.	Qualitative methods. Semi-structured interviews, reflexive thematic analysis.	7 significant others.	Age: 64.71 years (range: 35-76). Gender: 5 female, 2 male. Relationship: 3 partners, 2 parents, 1 child, 1 friend. Time since stroke: 7.29 months (range: 3-12).	3-12 months post- stroke.	 Information on expected outcomes (impairment-level improvement and process of recovery). Information to help family member recover. Information on how to maximise the outcome of recovery (optimal practice stimuli and techniques). Information on treatment efficacy. Information about practical aspects of recovery (arranging suitable accommodation, planning supports for daily activities). Information about aphasia Information about cognitive comorbidities.

Davidson & Wallace, 2022, USA	To explore information needs of carers of right hemisphere stroke survivors at different phases after stroke.	Qualitative methods. Semi-structured interviews, analysis using phenomenological approach using a modified five-step process.	4 carers.	Age: 65.5 years (range: 59-70). Gender: 3 female, 1 male. Relationship: 2 spouses, 1 brother, 1 parent. Time since stroke: 6.11 years (range: 3- 10.5).	Onset. Rehabilitation. Chronic.	 Information about the rehabilitation timeline. Information about symptoms. Information about the roles of medical professionals. Information about treatment rationales. Information about treatment progress. Information about techniques and compensatory strategies. Information on support for carers and patients (e.g., support groups). Information on home practice activities. Information on supplementary treatments (e.g., vision, music, water therapies). Hopeful information.
Davoody et al., 2016, Sweden	To explore stroke survivors' information needs after discharge in order inform the development of an eHealth service.	Qualitative methods. Focus groups, content analysis.	12 stroke survivors.	Age: Mean not reported (range: 30-85 years). Sex: 7 female, 5 male. Time since stroke: Not reported.	After discharge.	 Simple description of invisible difficulties (e.g., chronic fatigue, cognitive impairments, and personality changes) to share with family and friends. Information to track recovery (motor and cognitive) progress.
De Simoni et al., 2016, UK	To describe the characteristics of participants of an online stroke forum, their reasons for posting in the forum, and whether the responses addressed these needs.	Qualitative and quantitative methods. Descriptive statistical analysis of forum user population, thematic analysis of posts from representative subsample of forum users.	2,348 forum users overall. 59 representative users selected for subsample thematic analysis, representing 26 stroke survivors and 33 stroke survivors mentioned by third party.	Subsample age: Not reported. Subsample gender: 27 female, 30 male, 2 NA. Subsample time since stroke: Not reported.	Not specified.	 Information about stroke physical symptoms (communication impairments, cognition). Information on potential for recovery (timeline, age influence, recovery of functioning, reading, memory, communication). Information on invisible stroke impairments
Denman, 1998, UK	To identify needs of spouses caring for someone with communication difficulties due to stroke and to identify solutions they felt would alleviate the difficulties described.	Qualitative methods. Semi-structured interviews, identification of common themes.	9 carers.	Age: Not reported. Gender: 6 female, 3 male. Relationship: 9 spouses. Time since stroke: At least 12 months (mean and range not reported).	Not specified.	 Information about symptoms and their recovery (e.g., aphasia). Information about financial entitlements. Information about services available locally.
Donovan-Kicken & Bute, 2008, USA	To investigate sources of uncertainty for significant others of patients with communication- debilitating illness (CDI) or injury and how uncertainty is managed.	Qualitative methods. Semi-structured interviews, analysis using constant comparative technique.	31 significant others of individuals with CDIs, including 18 significant others of individuals with CDI due to stroke. Other CDIs were brain injury ($n = 3$), brain tumour ($n = 3$), autism ($n = 2$), Alzheimer's disease ($n = 2$), AIDS ($n = 1$), dementia ($n = 1$), throat cancer ($n = 1$).	Age: 42.6 years (range: 25-75). Gender: 23 female, 8 male. Relationship: 18 children, 2 spouses, 3 close friends, 2 grandchildren, 3 aunts/uncles, 1 child-in-law. Time since CDI: 4.2 years (range: 6 months-12 hears). <i>Note</i> . Demographic details for stroke subsample not available.	Not specified.	 Information about diagnosis. Information about the extent of damage caused by illness or injury. Information about cause of CDI. Information about long-term prognosis (possibility for and extent of physical and mental recovery). Information about quality of life.

Grohn et al., 2012, Australia	To describe the experience of the first 3 months after stroke in order to identify factors which facilitate successfully living with aphasia ofter stroke.	Qualitative methods. Semi-structured interviews, thematic analysis.	15 stroke survivors.	Age: 66.3 years (range: 47-90). Gender: 7 female, 8 male. Time since stroke: Not reported.	First 3-months after stroke.	 Information from other people with aphasia about how they make adjustments. Information on completing activities of daily living (write shopping list, cheques, use a computer)
Hanger et al., 1998, New Zealand	To identify what type of questions are asked by stroke survivors and their caregivers and how the nature of questions asked changes with increasing time after stroke.	Qualitative and quantitative methods. Longitudinal, semi-structured interviews conducted at three timepoints (two-weeks, six- months, two-years after stroke), descriptive and inferential statistical analyses.	Subsample 1 (two- weeks after stroke): 60 participants. Subsample 2 (six- months after stroke): 111 participants. Subsample 3 (two- years after stroke): 72 participants. Note. Number of stroke survivors versus caregivers not reported.	Subsample 1. Age: 71.5 years (range: 42-99). Gender: 26 female, 34 male. Time since stroke: Not reported. Subsample 2. Age: 72.3 years (range: 23-100). Gender: 48 female, 63 male. Time since stroke: Not reported. Subsample 3. Age: 71.8 years (range: 24-101). Gender: 35 female, 37 male. Time since stroke: Not reported. <i>Note.</i> Demographic details for stroke survivors versus caregivers not reported.	Two-weeks after stroke. Six-months after stroke. Two-years after stroke.	 Information about communication difficulties. Information about memory problems. Information about poor memory/concentration.
Hersh & Armstrong, 2021, Australia	To explore how the wife of a man with aphasia managed his discharge from hospital in the acute stage after stroke.	Qualitative methods. Single case study, narrative analysis of semi-structured interview collected as part of a large multisite study, systemic functional linguistics analysis of two complaint letters.	1 significant other.	Age: 63 years. Gender: Female. Relationship: Spouse. Time since stroke: 4 years.	Stroke onset and following days.	 Information about aphasia, including definition of term. Information about what might happen in the future.
Hinojosa et al., 2012, USA	To identify information needs of stroke caregivers with regard to managing recovery process at home; to explore whether and how information needs vary by race, ethnicity and place; to explore how the information needs are associated with caregiver characteristics (depression, coping, social support etc.).	Quantitative methods. Survey, descriptive and inferential statistical analyses.	276 stroke survivor- caregiver dyads.	Caregivers: Age: 59.36 years (range not reported). Gender: Not reported. Relationship: Not reported. <i>Note</i> . Stroke survivor demographics not reported.	Not specified.	 Information about knowing how to help others communicate with patient due to speech.
Howe et al., 2012, New Zealand	To identify rehabilitation goals of family members	Qualitative methods.	48 family members.	Age: 60.92 years (range: 24-83). Gender: 36 female, 12 male.	Not specified.	 Information about aphasia. Information about future recovery prospects. Information about available services.

	of stroke survivors with aphasia.	Semi-structured interviews, content analysis.		Relationship: 28 spouses or de facto partners, 7 children, 5 siblings, 2 parents, 6 other relatives (e.g., sister-in- law). Time since stroke: Not reported.		 Information about therapy. Information about progress. Information that is hopeful and positive.
Oh et al., 2017, South Korea	To develop a home- based, online cognitive rehabilitation program that can be easily and repeatedly implemented and integrates cognitive training into daily activities.	Mixed methods. Three stage process involving analysis, design, and development. Analysis stage involved literature reviews and two- phase participant needs assessment (Phase 1: cognitive assessment; Phase 2: semi- structured interviews). Design stage involved feedback on intervention design from expert panel. Development stage involved validity testing with questionnaire measures.	Analysis Stage Phase 1 (cognitive assessment): 60 stroke patients. Analysis Stage Phase 2 (semi-structured interviews): 5 stroke patients. 5 family members. Design Stage: Number of panel members not reported. Development Stage: 4 patients. 6 family members. 10 healthcare professionals.	Analysis Stage Phase 1: Gender: 12 female, 48 male. Age: 61.4 years (range not reported). Time since stroke: Not reported. Analysis Stage Phase 2: Gender: Not reported. Age: 69 years (range not reported). Relationship: Not reported. N.B. Subsample demographics for patients versus family members not reported. Design Stage: No demographic details reported. Development Stage: No demographic details reported.	Not specified.	 Information on cognitive impairment. Information on rehabilitation.
Kerr et al., 2010, UK	To determine what information stroke survivors would like to see on a website about living with stroke; to determine how to structure the information; to identify differences between stroke survivors with and without aphasia.	Qualitative and quantitative methods. Focus groups, modified card sorting task, content analysis of focus groups, descriptive statistical analysis of modified card sorting task.	12 stroke survivors.	Age: 67.8 years (range: 45-86). Gender: 7 female, 5 male. Time since stroke: 11 months (range: 6- 15).	Not specified.	 Information about aphasia/communication problems.
Le Dorze & Signori, 2010, Canada	To explore needs of family members of people with aphasia and barriers/facilitators to meeting these needs.	Qualitative methods. Focus groups, custom analytic approach.	11 family members, including 10 family members of individuals with aphasia due to stroke and 1 family member of an individual with aphasia due to brain tumour resection.	Age: 60.5 years (range: 51-68). Gender: 9 female, 2 male. Relationship: 11 spouses. Time since aphasia onset: 6.66 years (range: 3-15).	Not specified.	 Information about aphasia. Information about available resources.
Le Dorze et al., 2009, Canada	To describe a daughter's adaptation process to her father's stroke and aphasia.	Qualitative methods. Longitudinal, single case study, semi-structured interviews	1 family member.	Age: 31 years. Gender: Female. Relationship: Daughter. Time since stroke: 4-11 months.	Four-months after stroke. Seven-months after stroke.	 Information about aphasia. Information about services and resources available. Information about therapy.

		(four-months, seven-months, and eleven-months after stroke), content analysis.			Eleven-months after stroke	 Information about other people who have suffered from aphasia to maintain hope and optimism.
Manning et al., 2022, Ireland	To explore the perspectives of working- aged adults with post- stroke aphasia toward what has or would help them in living well with aphasia.	Qualitative methods. Semi-structured interviews, reflexive thematic analysis.	14 individuals with aphasia as a result of stroke.	Age: 51 years (range: 33-62). Gender: 6 female, 8 male. Time since stroke: 7 years (range: 14 months-14 years).	Not specified.	 Information about aphasia. Information about services available. Information relevant to younger people with aphasia. Information to help relatives understand aphasia.
Merriman et al., 2019, Ireland	To examine the perspectives and preferences of stroke survivors, carers, and healthcare professionals to inform the design of a cognitive rehabilitation intervention.	Qualitative methods. Semi-structured interviews, thematic analysis.	14 stroke survivors. 11 informal carers. 19 healthcare professionals.	Stroke survivors: Age: Mean not reported (range: 35-40 to 80-85). Gender: 8 female, 6 male. Time since stroke: Mean not reported (range: <1 year–17 years). Informal carers: Age: Mean not reported (range: 40-45 to 80-85). Gender: 9 female, 2 male. Relationship: 11 spouses. Time since stroke: Mean not reported (range: <1 year–17 years). Note. Age was reported categorically.	Not specified.	 Information about consequences of stroke. Information about rehabilitation. Information on purpose of activities instructed to undertake. Information about impact of stroke on memory.
Paul & Sanders, 2010, USA	To explore education experiences and needs of communication partners of individuals with aphasia.	Qualitative methods. Semi-structured interviews, constant comparative analysis.	9 communication partners.	Age: 58 years (range: 37-78). Gender: 7 female, 2 male. Relationship: 5 spouses/significant others, 3 children, 1 friend. Time since stroke: 11 months (0.5-24).	Not specified.	 Information that fosters hope for improvement. Information on how to support transition to independence. Information that is tailored to needs of dyad. Information about employment, disability, and return to work. Information about communicating with the person with aphasia.
Rochette et al., 2008, Canada	To identify information on the internet regarding rehabilitation intended for those who have experiences a stroke and their families and to assess the usability of a newly created website on stroke rehabilitation for laypersons.	Quantitative methods. Questionnaire.	4 stroke survivors. 3 family members.	Stroke survivors: Age: 53.5 years (range: 47-68). Gender: Not reported. Time since stroke: 11 years (range: 4-19 years). Family members: Age: 49 years (range: 42-62). Gender: Not reported. Relationship: 1 spouse, 2 children. Time since stroke: 113.67 months (range: 2 months–28 years).	Not specified.	Information about cognitive changes.
Rose et al., 2010, Australia	To determine whether stroke survivors with aphasia consider it important to receive	Qualitative and quantitative methods.	40 stroke survivors.	Age: 65.9 years (range: 32-84). Gender: 16 female, 24 male. Time since stroke: Not reported.	Admission. Day after stroke. Within first week after stroke.	Information about aphasia.

Rose et al., 2019, Australia	written stroke and aphasia information; to examine preferences for timing and modality of this information provision. To explore family members' experiences and preferences for receiving aphasia information.	Survey administered during interview, descriptive and inferential statistical analyses of survey responses, content analysis of audio-recorded interviews. Qualitative and quantitative methods. Survey administered during interview, descriptive and inferential statistical analyses of survey responses, content analysis of audio-recorded interviews.	65 family members.	Age: Not reported. Gender: 48 female, 17 male. Relationship: 53 spouses/partners, 12 NA. Time since stroke: 3.7 years (range: 1- 16).	Within first month after stroke. Six-months after stroke. Twelve-months after stroke. More than twelve- months after stroke. First days after stroke through to settled at home.	 Information about what aphasia is. Information about causes of aphasia. Information about purpose of communication assessment. Information about communication progress to expect. Information about ways to facilitate communication. Information about coping strategies and living successfully with aphasia. Information about aphasia therapy. Personal experience stories from people with aphasia. Personal experience stories from family members/friends of people with aphasia. Information about support groups for people with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia. Information about support groups for people living with aphasia.
Rotherham et al., 2015, New Zealand	To explore the benefits for adults with aphasia of all the groups they had chosen to participate in post-stroke.	Qualitative methods. Semi-structured interview, content analysis.	10 people with aphasia. 6 family members.	People with aphasia: Age: 69 years (range: 51-83). Gender: 2 female, 8 male. Time since stroke: 55.1 months (range: 7 months–8 years). Family members: Age: 63 years (range: 51-78). Gender: 6 female, 0 male. Relationship: 6 spouses/partners. Time since stroke: Not reported.	Not specified.	 involved in research). Information about aphasia. Information about shared experiences of others with aphasia. Information about strategies. Information about resources.
Shafer et al., 2022, USA	To explore how care partners of stroke survivors with aphasia accessed information and adapted to the caregiver role at different stages of recovery during COVID-19 pandemic.	Qualitative methods. Longitudinal, semi-structured interviews at up to five stages post-stroke (event, stabilisation, one-two weeks after stroke, one-month after stroke, six-months after stroke, six-months after stroke), thematic analysis using codebook approach.	Stage 1/2 (event/stabilisation: 13 care partners. Stage 3 (one-two weeks after stroke): 11 care partners. Stage 4 (one-month after stroke): 9 care partners.	Age: 64.18 years (range: 49-75). Gender: 9 female, 4 male. Relationship: 7 spouses, 5 children, 1 relative. Time since stroke: Not reported. <i>Note</i> . Demographic details for subsamples at each interview stage are not provided.	Stroke onset through to six-months after stroke.	 Information about aphasia. Information about recovery prospects. Information about how to help during rehabilitation.

			Stage 5 (six-months after stroke): 7 care partners.			
Tomkins et al., 2013, Australia	To explore the factors influencing the satisfaction and dissatisfaction of people with aphasia with regards to their health care.	Qualitative methods. Semi-structured interviews, content analysis.	50 people with aphasia.	Age: 63.9 years (range not reported). Gender: 26 female, 24 male. Time since stroke: 54.9 months (range not reported).	Not specified.	Information about aphasia.
Tyson et al., 2014, UK	To investigate stroke survivors' and caregivers' experiences and views of rehabilitation assessment process.	Qualitative methods. Focus groups, content analysis.	17 stroke survivors. 6 caregivers.	Stroke survivors: Age: 58 years (range: 19-84). Gender: 6 female, 11 male. Time since stroke: Not reported. Caregivers: Age: Not reported. Gender: 4 female, 2 male. Relationship: 5 spouses/partners, 1 parent. Time since stroke: Not reported.	Within the first year after stroke.	 Information about psychological assessments (cognition and mood).
van Rijssen et al., 2023, Netherlands	To explore the experiences, needs, and wishes of people with aphasia and their relatives to inform development of communication training for healthcare professionals.	Qualitative methods. Semi-structured interviews, thematic analysis.	20 people with aphasia. 12 relatives.	People with aphasia: Age: 59 years (range: 46-93). Gender: 11 female, 9 male. Time since stroke: 82.5 months (range: 9 months–31 years). Relatives: Age: 67 years (range: 39-96). Gender: 5 female, 7 male. Relationship: 10 spouses/partners, 2 children. Time since stroke: 105.25 months (range: 9 months–31 years).	Not specified.	 Information about aphasia. Information about emotional consequences of living with someone with aphasia. Information about what to expect for the future.
van Veenendaal et al., 1996, Netherlands	To investigate informational needs of stroke survivors and their family members.	Quantitative methods. Questionnaires, descriptive statistical analysis.	35 stroke survivors. 39 family members. 43 health professionals.	Stroke survivors: Age: 61 years (range: 36-79). Gender: Not reported. Time since stroke: 18 months (range not reported). Family members: Age: 62 years (range: 36-84). Gender: Not reported. Relationship: Not reported. Time since stroke: 16 months (range not reported). Health professionals: Age: 41 years (range not reported).	Not specified.	 Information about talking difficulties. Information about problems with concentration.

				Gender: Not reported. Professional role: 11 nurses, 10 physiotherapists, 9 social workers, 13 not reported.		
Wiles et al., 1998, UK	To identify information needs of stroke patients and their informal carers at various stages after stroke.	Qualitative methods. Semi-structured interviews at three time-points after stroke (during hospitalisation, up to one-month after discharge, two-twelve months after discharge), thematic analysis.	Stage 1 (during hospitalisation): 6 patients. 1 carer. Stage 2 (up to one- month after discharge): 5 patients. 3 carers. Stage 3 (two-twelve months after discharge): 8 patients. 8 carers.	Note. Demographics for subsamples of participants included at each stage not reported. Demographics for carers not reported. Demographics for stroke survivors interviewed/referred to during interviews ($n = 21$): Age: Mean not reported (range: 50-85). Gender: 10 female, 11 male. Time since stroke: Not reported.	During hospitalisation. Up to one-month after discharge. Two-twelve months after discharge.	 Information about significance of symptoms (including memory loss and speech difficulties). Information about how symptoms (including memory loss and speech difficulties) should be managed. Information about how long symptoms (including memory loss and speech difficulties) might last.
Worrall et al., 2011, Australia	To describe the goals of people with aphasia after stroke and to code the goals according to the International Classification of Functioning, Disability and Health (ICF).	Qualitative methods. Semi-structured interviews, content analysis, coding of subsample of goals according to ICF.	50 participants with aphasia.	Age: 63.9 years (range not reported). Gender: 26 female, 24 male. Time since stroke: 54.9 months (range not reported).	Not specified.	 Information about terms used to describe communication difficulties. Information about aphasia. Information about prognosis and what to expect at different stages after stroke. Information about aphasia services. Information about how to explain difficulties to friends or people in community. Information about aphasia therapy.

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