

## Supplementary materials

**Table 1. The participants' characteristics**

Pseudonym	Gender	Marital status and children	Age at the time of the interview	Measure time (time of assessment after stroke - months)	Education	Occupation
Thomas	Male	Single, no children	37	5	Secondary	Truck driver
Anne	Female	Married, 2 children	49	12	Secondary	Nurse assistant
Richard	Male	Married, 2 children	48	3	Secondary	Manager
Karen	Female	Divorced, 1 child	47	12	Secondary	Hairdresser
Clark	Male	Married, 3 children	49	4	University	Project architect
Mary	Female	Divorced, 2 children	33	12	Secondary	Manual worker
Robert	Male	Married, 2 children	46	10	Secondary	Locksmith
Bill	Male	Married, 1 child	46	11	University	Banker

**Table 2. The process of data analysis in IPA**

<b>Stages</b>	<b>Process</b>	<b>Researchers</b>
Reflection	Analysis of field notes used to reflect on the interview, environment, patient behavior, and interviewer self-reflection.	KS
Reading and re-reading	The transcript of each participant's interview was first read while listening to an audio recording to re-immerse the reader in the data. Each transcript was then read again, and initial impressions were recorded.	KS, SS
Exploratory noting	A systematic line-by-line analysis of each dialogue; descriptive, linguistic, and conceptual noting.	KS, SS in consultation with EG and DB
Constructing experiential statements	Analysis of exploratory comments. Each transcript was divided into three columns: raw data, exploratory comments, and experiential statements.	KS, SS in consultation with EG and DB
Searching for connection across experiential statements	Developing a scheme or map of the connections between experiential statements (emerging patterns were summarized for each participant using a thematic map).	KS, SS in consultation with EG
Personal experiential themes (PETs)	Naming the PETs and consolidating and organizing them in a table.	KS, SS in consultation with EG and DB
Group experiential themes (GETs)	Continuing an individual analysis of other cases and working with PETs to develop GETs across cases. PETs across multiple cases were identified and then analyzed to identify superordinate categories that captured these themes. A summary of GETs and PETs was developed, with relevant quotations and references within the text.	All authors except JC
Independent audit in each stage	An independent audit was performed after the final stage of the study by a researcher who was not involved in the project to reflect the entire research process and the interpretation of the results.	JC

**Table 3. Example of personal experiential theme for Richard**

Personal experiential theme experiential statements	Quotes
Stroke means losing abilities in daily and social life: identifying and confronting change and loss	<p><i>“... throughout my professional life, I had basically not been unemployed for a single day; I had always had more than one job and many hobbies; now I have canceled everything.”</i></p> <p><i>“... physical and mental performance compared to before, I’m at about 30%.”</i></p>
Fatigue limits the fulfilment of social activities and hobbies	<p><i>“... I’ve been active all my life, some 15–16 hours a day; today, I’m sleeping eight hours, tired, and not getting much done.”</i></p>
Dealing with discouraging setbacks: routine has become a fight for life	<p><i>“... walking four kilometers on the flat today is a fight for my life.”</i></p> <p><i>“... I have tried my best to get any kind of exercise... I sort of do not like to remain sitting in the garden, on a chair, or I don’t know what, but I am trying to do something; it is not going very well.”</i></p>

**Table 4. Group experiential themes and subthemes**

<b>Group experiential themes and subthemes</b>	<b>Description</b>
<b>Theme A. STROKE AS A SUDDEN AND UNEXPECTED EVENT</b> A.1 Stroke at young age: I never thought I could suffer a stroke at my age A.2 Timely help and therapy: early recovery A.3 Vulnerability: fear of recurrence	IS suddenly interrupted the anticipated life trajectory. The significance of the stroke was greatly influenced by aspects such as understanding its cause, timeliness of therapy, recovery time, the severity of functional impairment, and concerns about possible recurrence. Experiences with rapid recovery and minimal long-term consequences reduced the impact of the stroke on their lives.
<b>Theme B. CONTINUITY AND DISCONTINUITY OF SELF</b> B.1 Loss of self-fulfilling activities: I cannot do what I could do B.2 Loss of my former self: I am no longer who I was B.3 Seeking and understanding the new normal: reconsideration and slowing down	IS means a change of one's old self and a loss of unique, lasting qualities or activities vital to one's self-concept – efficiency and responsibility in work or family. Participants struggle to continue their previous lives and maintain their sense of self. The first post-stroke year is the negotiation process between the consequences of the stroke and the desire to continue the previous life. The major obstacle to the continuity of self is fatigue. Surviving an IS means a "turning point" or a path of recreating a new self with subsequent challenges and opportunities. The unique life situation made participants reconsider their long-term roles and change their priorities or personal values. They tried to integrate the functional and psychosocial effects into the new self-perception.
<b>Theme C. SOCIAL PARTICIPATION</b> C.1 Following hospital discharge: invisible to the system C.2 Regaining the role in the family: I do not trust myself C.3 My family pushes me forward: I am not left to stagnate	IS affected one's independence in social activities, sense of belonging, and work and family roles. Due to the hidden character of post-stroke impairments (fatigue) or mild cognitive deficits, they are invisible to the system when it comes to long-term care. They find a solution outside formal services. Social comparison with older patients able to cope with worse consequences is motivating for them. Participants perceive the strengthening of relationships with partners and children. The life situation or current life stressors influenced the significance of the stroke as perceived by the participants.