Supplementary Table 1- Univariate short-term 90- days outcome and major cardiovascular events (MACE) in patients admitted with TIA and discharged on appropriate versus inappropriate dual antiplatelet therapy (DAPT). Significantly more "high-risk" TIA patients discharged on "appropriate" DAPT had a mRS of 0-2 at 90 days. MACE at one year was no different in the patients on appropriate and inappropriate treatment in both the high-risk and low-risk TIA patients.

Characteristic or Investigation	Total High Risk TIA's (n=666)	Discharged on Inappropriate therapy (n=384, 57.7%)	Discharged on Appropriate Therapy (n= 282, 42.3%)	P-Value	Total Low Risk TIA's (n= 691)	Discharged on Inappropriate therapy (n=238, 34.4%)	Discharged on Appropriate Therapy (453, 65.6%)	P-Value
Prognosis – At Discharge								
Good (mRS 0-2)	616 (92.5)	348 (90.6)	268 (95)	0.03	661 (95.7)	233 (97.9)	428 (94.5)	0.04
Poor (mRS 3-6)	50 (7.5)	36 (9.4)	14 (5)		30 (4.3)	5 (2.1)	25 (5.5)	
Prognosis – 90-Days								
Good (mRS 0-2)	514 (92.1)	277(88.5)	237 (96.7)	<0.001	586 (95)	212 (95.9)	374 (94.4)	0.42
Poor (mRS 3-6)	44 (7.9)	36 (11.5)	8 (3.3)		31 (5)	9 (4.1)	22 (5.6)	
MACE At One Year								
Recurrent stroke	13 (2.0)	6 (46.2)	7 (53.8)	0.39	7 (1.0)	4 (57.1)	3 (42.9)	0.20
Post Stroke MI	5 (0.8)	5 (100.0)	0	0.05	5 (0.7)	2 (40.0)	3 (60.0)	0.79
All Mortality	8 (1.2)	6 (75.0)	2 (25.0)	0.32	3 (0.4)	1 (33.3)	2 (66.7)	0.97
Cardiac arrest post stroke	1 (0.2)	0	1 (0.4)	0.24	-	-	-	-
Post stroke (CABG or PCI)	4 (0.6)	4 (100.0)	0	0.09	2 (0.3)	0	2 (100.0)	0.30
Total MACE at 1 year	27 (4.1)	18 (66.7)	9 (33.3)	0.33	14 (2.0)	6 (42.9)	8 (57.1)	0.50

DAPT- Dual Antiplatelet Therapy, IV- intravenous, mRS- Modified Rankin Score, CABG- Coronary artery bypass Graft, PCI- Percutaneous Coronary Intervention, MACE- Major Cardiovascular Adverse Event

Supplementary Table 2- Univariate short-term 90-days outcome and one year major cardiovascular (MACE) in minor and non-minor stroke patients discharged on appropriate and inappropriate DAPT. The short-term and one year MACE was significantly better in patients with appropriate DAPT.

Characteristic or Investigation	All Minor Strokes (n= 3572)	Not Discharged on Appropriate therapy (n= 2365, 66.2%)	Discharged on Appropriate Therapy (n= 1207, 33.8%)	P-Value	All non-minor Strokes (n= 3153)	Not Discharged on Appropriate therapy (n= 809, 25.7%)	Discharged on Appropriate Therapy (2344, 74.3%)	P-Value
Prognosis – At Discharge								
Good (mRS 0-2)	2869 (80.3)	1833 (77.5)	1036 (85.8)	<0.001	1261 (40)	409 (50.6)	852 (36.3)	<0.001
Poor (mRS 3-6)	703 (19.7)	532 (22.5)	171 (14.2)		1892 (60)	400 (49.4)	1492(63.7)	
Prognosis – At 90-Days								
Good (mRS 0-2)	2249 (85.4)	1405(83.2)	844 (89.3)	<0.001	1223 (56.1)	383 (68)	840 (51.9)	<0.001
Poor (mRS 3-6)	384 (14.6)	283 (16.8)	101 (10.7)		957 (43.9)	180 (32)	777 (48.1)	
MACE At One Year								
Recurrent stroke	58 (1.6)	34 (58.6)	24 (41.4)	0.23	50 (1.6)	21 (42.0)	29 (58.0)	0.008
Post Stroke MI	22 (0.6)	8 (36.4)	14 (63.6)	0.003	14 (0.4)	6 (42.9)	8 (57.1)	0.14
All Mortality	44 (1.2)	36 (81.8)	8 (18.2)	0.03	134 (4.2)	30 (22.4)	104 (77.6)	0.37
Cardiac arrest post stroke	8 (0.2)	6 (75.0)	2 (25.0)	0.59	24 (0.8)	7 (29.2)	7 (70.8)	0.69
Post stroke (CABG or PCI)	19 (0.5)	6 (31.6)	13 (68.4)	0.001	18 (0.6)	8 (44.4)	10 (55.6)	0.06
Total MACE at 1 year	129 (3.6)	78 (60.5)	51 (39.5)	0.16	202 (6.4)	58 (28.7)	144 (71.3)	0.30

DAPT- Dual Antiplatelet Therapy, IV- intravenous, mRS- Modified Rankin Score, CABG- Coronary artery bypass Graft, PCI- Percutaneous Coronary Intervention, MACE- Major Cardiovascular Adverse Event