Table 1 Participants' characteristics

Participant Gender Age	Stroke lesion site	Months post stroke	Vision assessment [by orthoptist] and assessments: visual attention/field loss impairment and reported impact [JA]	Goals
P1* Male 66	Right middle cerebral artery infarct	4	[Orthoptist]:Left lower quadrantanopia; binocular Esterman visual field test reveals the presence of five contiguous missed points within the "letterbox" visual field required for holding a drivers licence. [JA assessment]: No inattention detected on cancellation and line bisection tests. Discussion with P1 and his partner revealed some bias to the right side and less attention to the left side on more complex tasks. P1 reported missing objects on the left, leaving tap running, fridge open, overfilling cup and bumping into things, also difficulty texting	• To be able to prepare and cook a snack for himself and his partner
P2* Male 56	Right total anterior infarct	7	[Orthoptist]: Left homonymous hemianopia with apparent right upper quadrant involvement. Several negative errors when performing the visual field tests make the accuracy of perimetry assessment questionable. Visual acuity right eye: 6/36; left eye: 6/24 using Snellen without glasses. [JA assessment]: Poor performance on line bisection and cancellation tasks. Left inattention observed on functional tasks. Difficulty sustaining attention during vision assessment. Reports it difficult at times to see things on one side, only eating half of what is on plate	• To be able to play a round of golf
P3 Female 77	Right occipital infarct	1	[Orthoptist]: Uniocular visual field assessment showed bilateral lower left quadrantanopia. Visual acuity right eye: 6/9; left eye 6/6 with her glasses using Snellen. [JA assessment]: Reports reduced confidence in outdoor mobility and supermarket shopping. Difficulty seeing kerbs and mats on left. Has not returned to cycling since stroke.	• To improve outdoor mobility • Return to cycling • To be able to shop confidently in supermarket

P4 Male 82	Right total anterior cerebral infarct	3	[Orthoptist]: Left homonymous hemianopia plus reduced visual acuity due to amblyopia (longstanding reduction in vision often since childhood) in right eye and reduced vision in left eye due to pigment epithelial detachment (a disturbance on the retina). Visual acuity right eye: 6/24; left eye: unable to read Snellen chart at all; can count fingers at 2 metres with glasses. Poor performance on line bisection and cancellation tasks [JA assessment]: Difficulty reading. Not able to walk and reliant on family members to move him around in a standard wheelchair. Limited opportunities to engage with activities due to mobility.	• To read more easily. • To be independent with moving around so would like to learn to use a powered wheelchair.
P5 Male 82	Left occipital infarct	1	[Orthoptist]: A suspect right hemianopia, unfortunately his fixation was very poor and therefore the accuracy of the test was affected. Reduced confidence with moving around outside the house. [JA assessment]: Difficulty reading. Not able to engage with previous hobby of repairing old motorbikes. Not able to drive.	• To return to driving. • To read easily. • To be confident about using small tools.

**P1&P2 were known to JA before participating in the study. She facilitated their discharge from community hospital but did not engage in visual search training in Occupational Therapy at that time.*