Title	**Feasibility study of a multicomponent digital Care Assistant and support Program for people after Stroke or transient ischaemic attack: CAPS**
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Summary	There is limited evidence for digital health programs to support secondary prevention after stroke or TIA. This collaboration with the CSIRO sought to address this evidence gap to design and pilot a new Care Assistant and support Program for people after Stroke or transient ischaemic attack (CAPS). 112 people with lived experience of stroke or transient ischemic attack (TIA) responded to our survey distributed via AuSCR. Additionally, 78 clinicians also provided survey feedback. Results indicated the importance of monitoring health and lifestyle measures more frequently than what currently occurs and for a program to provide alerts about potential health changes. Consumers were also invited to participate in workshops to design the features of the app. **Aims:** To conduct a feasibility and acceptability evaluation of the pre-planned 12-week CAPS program delivered via a mobile app with health and lifestyle data collected via digital consumer devices with capacity for remote monitoring and tailoring of the program through a clinical portal. **Methods:** One-group pretest-post-test sequential explanatory mixed methods research design. Patient end-user group: We will seek 20-40 responses from survivors of stroke or TIA. Eligibility criteria: Agreed to be contacted about future research through AuSCR or previous research studies (ID16435 and ID24806); Diagnosis of stroke or TIA in past 6 months to 5 years; ≥ 18 years; Proficiency in spoken and written English; residing in Victoria, Queensland, Tasmania or South Australia, known to still be alive. Exclusion criteria: Residing in a nursing home; no access to the internet. Registrants of the AuSCR will be invited to participate in this study if they have agreed to be contacted for further research. Invitations will be sent to up to 600 registrants in two batches with a split of 30% from Victoria, 30% from Queensland, 20% from Tasmania and South Australia. Participants will be recruited in a two-staged mail out process until 20-40 participants have been recruited. Study packs will be included in the invitation mail out to patients. They include a participant explanatory and consent form, a pre-enrolment survey and a return pre-paid envelope. If willing to participate in the study the individual will be asked to complete the consent form and pre-enrolment survey and return them in the supplied pre-paid envelope, or online via a link using the Research Electronic Data Capture (REDCap) system, a secure web-based application hosted and managed by CSIRO. Baseline data collection: Once formal consent to participate in the study has been collected, participants will be asked to complete their initial (baseline) assessment with a researcher and asked to complete several questionnaires and validated health measures. Participants will be instructed to install the CAPS app on their mobile device and over a 12-week period to use the app on a daily basis to record their relevant health data. They will have the ability to monitor their personal data on their app, set-up notifications and reminders. Data from the app will be uploaded to the clinical portal (MoTER) and monitored on a weekly basis by a study coordinator. Participants will also receive electronic SMS health messages to support their secondary prevention goals. **Outcomes:** Participants will be asked to complete health surveys after 6 and 12 weeks. Using the RE-AIM framework will use a mixed mode methodology to assess the reach, implementation fidelity, adoption and suer perceptions of CAPS as a novel support program for secondary prevention of stroke. Future direction: the feasibility study will provide important evidence to support future funding for a randomised clinical trial to be conducted to test the effectiveness of the CAPS program in supporting people with lived experience of stroke or TIA have more control of their health journey and reduce the risk of future stroke events.