Screening V1.0.01.10.24

Screening ID	_____
1. Date of screening	_____
2. Date of data entry	_____

Inclusion criteria

1. Is the patient at least 15 years old?	(Source: Medical record or interview)
2. Did the patient present with a history of trauma defined as having any of the reasons listed in the International Classification of Diseases chapter XX as the reason for presenting? Please see https://icd.who.int/browse10/2019/en#/XX for a complete list of ICD-10 codes	(Source: Medical record or interview)
3. Did the trauma occur less than 48 hours before arrival to the hospital?	(Source: Medical record or interview)
4. Was the patient admitted?	(Source: Medical record)
5. Did the patient die after arrival but before admission?	(Source: Medical record)
6. Was the patient transferred to another hospital for admission?	(Source: Medical record)

Exclusion criteria

1. Did the patient present with isolated closed extremity fracture?	(Source: Medical record)
2. Was the patient directly admitted to a ward without being seen by a physician in the emergency department?	(Source: Medical record)

Eligibility

The patient is not eligible for inclusion.	
Is the patient eligible? (Eligible=1; Not Eligible=0)	_____
Any other comments?	_____

Consent V1.0.01.10.24

Study Consent

In this trial, consent refers to consent for data collection. It is not possible for patients to opt out from being subjected to the intervention, as the intervention is delivered at the cluster level. Patient participants will be included in this trial under the following modes of consent:
• Opt-out consent for collection of routinely recorded data
• Opt-in consent and assent for non-routinely recorded data, including but not restricted to Quality of Life (EQ5D5L), Disability (WHODAS 2.0) and Return to Work.
• Waiver of informed consent for patients who are unconscious or otherwise unable to provide consent and do not have a legally acceptable representative.
When possible, all patient participants must be approached and provided with information about the study, the option to opt out, and consent for collection of non-routinely recorded data.

Section I: Consent Wavier

Please note that the consent for the collection of the routinely recorded data (in-hospital) will be presumed unless actively declined by the participant/ legally acceptable representative (LAR), using the opt-out form. Information for all forms except for baseline characteristics (marital and work status, education and income), follow-up (Quality of Life (EQ5D5L), Disability (WHODAS 2.0) and Return to Work) will be presumed, unless opted-out.

1. Is this patient included under the waiver of informed consent because the patient is unconscious or otherwise unable to provide consent and do not have a legally acceptable representative?

Section II: Opt in consent for follow up data collection

1. Did the participant/ or legally acceptable representative (LAR) provided consent for collection of non-routinely recorded data

2. Who gave consent for collection of non-routinely recorded data?

3. What is the LAR's relationship with the participant? _____

4. Why was Legally acceptable representative (LAR) approached for consent for collection of non-routinely recorded data?

5. Date when participant or legally acceptable representative (LAR) gave consent for collection of non-routinely recorded data. _____

6. How did the participant or legally acceptable representative (LAR) consent for collection of non-routinely recorded data?

7. Reconsenting done?

7.1 Date when the participant was reconsented? _____

7.2 Why consenting was not done? _____

Section III: Assent form

1. Did the minor give assent for collection of non-routinely recorded data?

2. Date when the minor gave assent for collection of non-routinely recorded data. _____

3. In case the minor refused to participate, date when minor refused _____

Section IV: Opt out form

1. Is the participant or LAR wants to opt out from study?

2. Who opted-out of the routinely recorded data (in-hospital)?

3. Date when participant or legally acceptable representative (LAR) opted-out. _____

4. Did the participant or legally acceptable representative (LAR) suggested to delete all the previously recorded data?

Any other comments? _____

Consent_Withdrawn V1.0.01.10.24

Consent withdrawal	
1. Does the participant or legally acceptable representative (LAR) want to withdraw the consent?	
2. Date of consent withdrawal for follow-up data collection.	_____
3. Procedure(s) for which consent has been withdrawn	
Any other comments?	_____

Baseline V1.0.01.10.24

1. Age in years	_____ (Source: Medical record of interview)
2. Sex	(Source: Medical record of interview)
3. Current marital status	(Requires opt-in consent, not routinely recorded. Source: Interview)
4. Education level	(Requires opt-in consent, not routinely recorded. Source: Interview)
5. If other, please specify	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
6. Main work status	(Requires opt-in consent, not routinely recorded. Source: Interview)
7. If other, please specify	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
8. Income level in INR per month	(Requires opt-in consent, not routinely recorded. Source: Interview)
9. Mechanism of injury description	_____
10. Mechanism of injury ICD 10 code	(Coded using ICD 10. Please see https://icd.who.int/browse10/2019/en#/XX for a complete list of ICD-10 codes. Source: Medical record)

11. Clinical Frailty Scale

(Source: Medical record or treating physician)

Very Fit - People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

Fit - People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

Managing well - People whose medical problems are well controlled, but are not regularly active beyond routine walking.

Living with very mild frailty - While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

Living with mild frailty - These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

Living with moderate frailty - People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

Living with severe frailty - Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

Living with very severe frailty - Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

Terminally ill - Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.

12. Comorbidities (Charlson Comorbidity Index) Myocardial infarction - History of definite or probable MI (EKG changes and/or enzyme changes) Congestive heart failure - Exertional or paroxysmal nocturnal dyspnea and has responded to digitalis, diuretics, or afterload reducing agents Peripheral vascular disease - Intermittent claudication or past bypass for chronic arterial insufficiency, history of gangrene or acute arterial insufficiency, or untreated thoracic or abdominal aneurysm (≥6 cm) Cerebrovascular disease - History of a cerebrovascular accident with minor or no residua and transient ischemic attacks Dementia - Chronic cognitive deficit Chronic pulmonary disease - Asthma, chronic bronchitis, emphysema, and other lung disease who have ongoing symptoms such as dyspnea or cough, with mild or moderate activity. Peptic ulcer disease - Any history of treatment for ulcer disease or history of ulcer bleeding Liver disease - Severe = cirrhosis and portal hypertension with variceal bleeding history, moderate = cirrhosis and portal hypertension but no variceal bleeding history, mild = chronic hepatitis (or cirrhosis without portal hypertension) Renal disease - Severe = on dialysis, status post kidney transplant, uremia, moderate = creatinine >3 mg/dL (0.27 mmol/L)	(Source: Medical record, treating physician or interview)
12.1 Please specify	_____
13. Severity of liver disease	(Source: Medical record, treating physician or interview)
14. Severity of diabetes	(Source: Medical record, treating physician or interview)
15. Severity of malignancy	(Source: Medical record, treating physician or interview)
Any other comments?	_____

Prehospital V1.0.01.10.24

1. Date of injury	_____ (Source: Medical record of interview)
1.1 Time of injury	_____
2. Mode of transport to the participating hospital	(Source: Medical record of interview)
2.1 If other, please specify	_____ (Source: Medical record of interview)
3. Referred or transferred to the participating hospital from another hospital	(Source: Medical record of interview)
4. Date of referring or transferring	_____
5. Time of referring or transferring	_____
Any other comments?	_____

ATLS adherence V1.1.22.10.24

ATLS adherence checklist

Airway	
1. Airway patency checked	(Source: Observation)
Breathing	
1. Chest wall palpated	(Source: Observation)
2. Breath sounds checked	(Source: Observation)
3. Respiratory rate measured	(Source: Observation)
4. Saturation (SpO2) measured	(Source: Observation)
Circulation	
1. Heart rate measured	(Source: Observation)
2. Blood pressure measured	(Source: Observation)
3. Abdomen palpated	(Source: Observation)
4. Thighs palpated	(Source: Observation)
5. IV access obtained	(Source: Observation)
Disability	
1. GCS checked	(Source: Observation)
2. Pupils checked	(Source: Observation)
Exposure	
1. Patients exposed for assessment	
2. Temperature measured	(Source: Observation)
3. Interventions and adjuncts performed according to ATLS	

Airway interventions

1. Which airway interventions were performed?	(Source: Observation)
2. If other airway interventions given, specify	_____
3. Were airway interventions performed while minimising c-spine movement?	(Source: Observation)

Breathing interventions

1. Which breathing interventions were performed?	(Source: Observation)
2. If other breathing Interventions done, specify	_____

Circulation interventions

1. Which circulation interventions and adjuncts were performed?	(Source: Observation)
2. If other circulation Interventions done, specify	_____

Disability interventions

1. Which disability intervention was performed?	(Source: Observation)
2. If other disability interventions done, specify	_____

Exposure interventions

1. Which exposure intervention was performed?	(Source: Observation)
2. If other exposure interventions done, specify	_____
Any other comments?	_____

Emergency Department V1.0.01.10.24

1. Date of arrival to the emergency department at the participating hospital.	_____ (Source: Medical record of interview)
2 Time of arrival to the emergency department at the participating hospital	_____
3. First recorded systolic blood pressure (mmHg)	_____ (Source: Medical record)
4. First recorded diastolic blood pressure (mmHg)	_____ (Source: Medical record)
5. First recorded heart rate (beats per minute)	_____ (Source: Medical record)
6. First recorded respiratory rate (breaths per minute)	_____ (Source: Medical record)
7. First recorded Glasgow Coma Scale	_____ (Source: Medical record)
8. First recorded body temperature (°F)	_____ (Source: Medical record)
9. First recorded oxygen saturation (%)	_____ (Source: Medical record)
10. Emergency department disposition	(Source: Medical record)
10.1 Date of death	_____
10.2 Time of death	_____
11. If other, please specify	_____ (Source: Medical record)
12. Date and time of referral or transfer for admission	_____ (Source: Medical record)

Any other comments?

_____

Hospital V1.0.01.10.24

1. Date of admission to the participating hospital	_____ (Source: Medical record)
2 Time of admission to the participating hospital	_____ (Source: Medical record)
3. Type of admitting ward	(Source: Medical record)
4. Ward name or number	_____ (Source: Medical record)
5. Admitted to intensive care unit during admission	(Source: Medical record)
6. Date of first intensive care unit admission	_____ (Source: Medical record)
7. Time of first intensive care unit admission	_____ (Source: Medical record)
8. Was the participant discharged from intensive care unit?	
9. Date of first intensive care unit discharge	_____ (Source: Medical record)
10. Time of first intensive care unit discharge	_____ (Source: Medical record)
11. Hospital disposition	(Source: Medical record)
12. Was the patient transferred to another hospital for admission?	(Source: Medical record)
13. Date of discharge or transfer from participating hospital	_____ (Source: Medical record)
14. Time of discharge or transfer from participating hospital	_____ (Source: Medical record)
Any other comments?	_____

Surgery V1.0.01.10.24

1. Surgery done?	
2. Date of surgical procedure	_____ (A surgical procedure is defined as any procedure performed in the operating room, interventional dropdownlogy suite, or at the bedside, requiring general or regional anesthesia. Source: Medical record)
3. Time of surgical procedure	_____ (A surgical procedure is defined as any procedure performed in the operating room, interventional dropdownlogy suite, or at the bedside, requiring general or regional anesthesia. Source: Medical record)
4. Preoperative ASA score	(Source: Medical record or treating physician)
5. Description of procedure	_____ (Source: Medical record)
6. Procedure coded according to SNOMED CT	_____ (Source: Medical record)
Any other comments?	_____

Imaging V1.0.01.10.24

1. Date and time of imaging	_____ (Source: Medical record)
2 Time of imaging	_____ (Source: Medical record)
3. Type of imaging	(Source: Medical record)
Any other comments?	_____

Transfusion V1.0.01.10.24

1. Transfusion done?	
2. Date of transfusion	_____ (Source: Medical record)
3. Time of transfusion	_____ (Source: Medical record)
4. Type of blood product	(Source: Medical record)
5 Other specify	_____
6. Number of units transfused	_____ (Source: Medical record)
Any other comments?	_____

Injury V1.0.01.10.24

1. Injury description	_____ (Source: Medical record)
2. Injury ICD 10 code	(Coded using ICD 10. Source: Medical record)
3. Injury source data	(Source: Medical record)
Any other comments?	_____

Individual Mortality Status V1.0.01.10.24

1. Is the patient dead?	(Source: Medical record or interview)
2. Date of death	_____ (Source: Medical record or interview)
3. Time of death	_____
Any other comments?	_____

Quality of Life (EQ5D5L)

Health Questionnaire

English version

VERSION FOR INTERVIEWER ADMINISTRATION

Note to interviewer: although allowance should be made for the interviewer's particular style of speaking, the wording of the questionnaire instructions should be followed as closely as possible. In the case of the EQ-5D-5L descriptive system of the questionnaire, the precise wording must be followed.

If the respondent has difficulty choosing a response or asks for clarification, the interviewer should repeat the question word for word and ask the respondent to answer in a way that most closely resembles his or her thoughts about his or her health today.

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INTRODUCTION

(Note to interviewer: please read the following to the respondent.)

We are trying to find out what you think about your health. I will explain what to do as I go along, but please interrupt me if you do not understand something or if things are not clear to you. There are no right or wrong answers. We are interested only in your personal view.

First, I am going to read out some questions. Each question has a choice of five answers. Please tell me which answer best describes your health TODAY.

Do not choose more than one answer in each group of questions.

(Note to interviewer: first read all five options for each question. Then ask the respondent to choose which one applies to him/herself. Repeat the question and options if necessary. Mark the appropriate box under each heading. You may need to remind the respondent regularly that the timeframe is TODAY.)

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EQ-5D DESCRIPTIVE SYSTEM

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1. Date of filling this form

_____

2. First, I would like to ask you about MOBILITY. Would you say that:
(Requires opt-in consent, not routinely recorded. Source: Interview)

◯ You have no problems in walking about?
◯ You have slight problems in walking about?
◯ You have moderate problems in walking about?
◯ You have severe problems in walking about?
◯ You are unable to walk about?

3. Next, I would like to ask you about SELF-CARE. Would you say that:
(Requires opt-in consent, not routinely recorded. Source: Interview)

◯ You have no problems washing or dressing yourself?
◯ You have slight problems washing or dressing yourself?
◯ You have moderate problems washing or dressing yourself?
◯ You have severe problems washing or dressing yourself?
◯ You are unable to wash or dress yourself?

4. Next, I would like to ask you about USUAL ACTIVITIES, for example, work, study, housework, family or leisure activities. Would you say that:
(Requires opt-in consent, not routinely recorded. Source: Interview)

◯ You have no problems doing your usual activities?
◯ You have slight problems doing your usual activities?
◯ You have moderate problems doing your usual activities?
◯ You have severe problems doing your usual activities?
◯ You are unable to do your usual activities?

5. Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that:
(Requires opt-in consent, not routinely recorded. Source: Interview)

◯ You have no pain or discomfort?
◯ You have slight pain or discomfort?
◯ You have moderate pain or discomfort?
◯ You have severe pain or discomfort?
◯ You have extreme pain or discomfort?

6. Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that:
(Requires opt-in consent, not routinely recorded. Source: Interview)

◯ You are not anxious or depressed?
◯ You are slightly anxious or depressed?
◯ You are moderately anxious or depressed?
◯ You are severely anxious or depressed?
◯ You are extremely anxious or depressed?

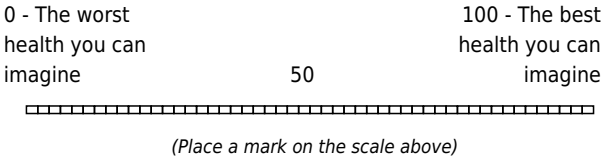
EQ-5D VAS

- Now, I would like to ask you to say how good or bad your health is TODAY.

- I would like you to picture in your mind a vertical line that is numbered from 0 to 100.
(Note to interviewer: if interviewing face-to-face, please show the respondent the VAS line.)

- 100 at the top of the line means the best health you can imagine.
0 at the bottom of the line means the worst health you can imagine.

- I would now like you to tell me the point on this line where you would put your health TODAY.
(Note to interviewer: mark the line at the point indicating the respondent's health today.)



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Any other comments?

_____

Disability (WHODAS 2.0)

Date of form filling	_____
1. Who are you interviewing?	(Requires opt-in consent, not routinely recorded. Source: Interview)
2. What is the relationship between the representative and the participant?	(Requires opt-in consent, not routinely recorded. Source: Interview)
3. If other, please specify	_____

Instructions to the interviewer are written in bold - do not read these aloud.

Text for the respondent to hear is written in italic print in blue. Read this text aloud.

Say to respondent:
The interview is about difficulties people have because of health conditions.

By health condition I mean diseases or illnesses, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs.

Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about...

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.

Use this scale when responding: None, mild, moderate, severe, extreme or cannot do.

In the past 30 days, how much difficulty did you have in:

1. Standing for long periods such as 30 minutes?	(Requires opt-in consent, not routinely recorded. Source: Interview)
2. Taking care of your household responsibilities?	(Requires opt-in consent, not routinely recorded. Source: Interview)

3. Learning a new task, for example, learning how to get to a new place?	(Requires opt-in consent, not routinely recorded. Source: Interview)
4. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	(Requires opt-in consent, not routinely recorded. Source: Interview)
5. How much have you been emotionally affected by your health problems?	(Requires opt-in consent, not routinely recorded. Source: Interview)

In the past 30 days, how much difficulty did you have in:	
1. Concentrating on doing something for ten minutes?	(Requires opt-in consent, not routinely recorded. Source: Interview)
2. Walking a long distance such as a kilometre [or equivalent]?	(Requires opt-in consent, not routinely recorded. Source: Interview)
3. Washing your whole body?	(Requires opt-in consent, not routinely recorded. Source: Interview)
4. Getting dressed?	(Requires opt-in consent, not routinely recorded. Source: Interview)
5. Dealing with people you do not know?	(Requires opt-in consent, not routinely recorded. Source: Interview)
6. Maintaining a friendship?	(Requires opt-in consent, not routinely recorded. Source: Interview)
7. Your day-to-day work/school?	(Requires opt-in consent, not routinely recorded. Source: Interview)

Instructions to the interviewer are written in bold - do not read these aloud.

Text for the respondent to hear is written in italic print in blue. Read this text aloud.

Say to respondent:
The interview is about difficulties people have because of health conditions.

By health condition I mean diseases or illnesses, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs.

Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about...

- Increased effort
- Discomfort or pain
- Slowness

- Changes in the way you do the activity When answering, I'd like you to think back over the past 30 days and, to the best of your knowledge, answer these questions thinking about how much difficulty your friend, relative or carer had while doing the following activities. I will use the term "relative" to mean "friend", "relative" or "carer". For each question, please give only one response.

In the past 30 days, how much difficulty did your relative have in:

1. Standing for long periods such as 30 minutes?	(Requires opt-in consent, not routinely recorded. Source: Interview)
2. Taking care of his or her household responsibilities?	(Requires opt-in consent, not routinely recorded. Source: Interview)
3. Learning a new task, for example, learning how to get to a new place?	(Requires opt-in consent, not routinely recorded. Source: Interview)
4. How much of a problem did he or she have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	(Requires opt-in consent, not routinely recorded. Source: Interview)
5. How much has your relative been emotionally affected by his or her health condition?	(Requires opt-in consent, not routinely recorded. Source: Interview)

In the past 30 days, how much difficulty did your relative have in:

1. Concentrating on doing something for ten minutes?	(Requires opt-in consent, not routinely recorded. Source: Interview)
2. Walking a long distance such as a kilometre [or equivalent]?	(Requires opt-in consent, not routinely recorded. Source: Interview)
3. Washing his or her whole body?	(Requires opt-in consent, not routinely recorded. Source: Interview)
4. Getting dressed?	(Requires opt-in consent, not routinely recorded. Source: Interview)
5. Dealing with people he or she does not know?	(Requires opt-in consent, not routinely recorded. Source: Interview)
6. Maintaining a friendship?	(Requires opt-in consent, not routinely recorded. Source: Interview)
7. His or her day-to-day work/school?	(Requires opt-in consent, not routinely recorded. Source: Interview)

Number of days	
1. Overall, in the past 30 days, how many days were these difficulties present?	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
2. In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
3. In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
Any other comments?	_____

Return To Work V1.0.01.10.24

1. Date of form filling	_____
2. Did the participant return to work?	
3. Date and time of return to work	_____ (Requires opt-in consent, not routinely recorded. Source: Interview)
4. Work status	(Requires opt-in consent, not routinely recorded. Source: Interview)
Any other comments?	_____

Safety Events V1.0.01.10.24

1. Is any safety event reported?	
2. Date reported to trial management team of safety event	_____
3. Type of safety event	(Source: Medical record or treating physician)
4. Elaborate on other safety event	_____ (Source: Medical record or treating physician)
5. Investigator assessment of safety event	_____ (Source: Investigator)
Any other comments?	_____

End Of Study V1.0.01.10.24

1. What is the reason for the end of study?

2. Date of end of study

_____

Any other comments?

_____

Scheduling

Day 7

_____

Day 30

_____

Day 90

_____

Scheduling Page

Event Date
Date of arrival to the emergency departments [initial_assessment_arm_1][arrival_datetime]
Day 7 [day7]
Day 30 [day30]
Day 90 [day90]