

Income level in INR per month	<input type="radio"/> Below 10,000 <input type="radio"/> 10,001-20,000 <input type="radio"/> 20,001-30,000 <input type="radio"/> 30,001-50,000 <input type="radio"/> 50,001-80,000 <input type="radio"/> 80,001-1,00,000 <input type="radio"/> Above 1,00,000 <input type="radio"/> Not known (Requires opt-in consent, not routinely recorded. Source: Interview)
Mechanism of injury	(Coded using ICD 10. Source: Medical record)
Clinical Frailty Scale	<input type="radio"/> 1. Very fit <input type="radio"/> 2. Fit <input type="radio"/> 3. Managing well <input type="radio"/> 4. Living with very mild frailty <input type="radio"/> 5. Living with mild frailty <input type="radio"/> 6. Living with moderate frailty <input type="radio"/> 7. Living with severe frailty <input type="radio"/> 8. Living with very severe frailty <input type="radio"/> 9. Terminally ill <input type="radio"/> Not known (Source: Medical record or treating physician)
Comorbidities (Charlson Comorbidity Index)	<input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Dementia <input type="checkbox"/> Chronic pulmonary disease <input type="checkbox"/> Rheumatologic disease <input type="checkbox"/> Peptic ulcer disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Hemiplegia or paraplegia <input type="checkbox"/> Renal disease <input type="checkbox"/> Malignancy <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> AIDS <input type="checkbox"/> Not known (Source: Medical record, treating physician or interview)
Severity of liver disease	<input type="radio"/> Mild <input type="radio"/> Moderate or severe <input type="radio"/> Not known (Source: Medical record, treating physician or interview)
Severity of diabetes	<input type="radio"/> Controlled <input type="radio"/> Uncontrolled <input type="radio"/> Not known (Source: Medical record, treating physician or interview)