# 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? | ◯ Yes<br>◯ No<br>(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?<br><br>Please see https://icd.who.int/browse10/2019/en#/XX for a complete list of ICD-10 codes | ◯ Yes<br>◯ No<br>(Source: Medical record or interview) |
| 3. Did the trauma occur less than 48 hours before arrival to the hospital? | ◯ Yes<br>◯ No<br>(Source: Medical record or interview) |
| 4. Was the patient admitted? | ◯ Yes<br>◯ No<br>(Source: Medical record) |
| 5. Did the patient die after arrival but before admission? | ◯ Yes<br>◯ No<br>(Source: Medical record) |
| 6. Was the patient transferred to another hospital for admission? | ◯ Yes<br>◯ No<br>(Source: Medical record) |

## Exclusion criteria

| | |
|---|---|
| 1. Did the patient present with isolated limb injury? | ◯ Yes<br>◯ No<br>(Source: Medical record) |
| 2. Was the patient directly admitted to a ward without being seen by a physician in the emergency department? | ◯ Yes<br>◯ No<br>(Source: Medical record) |

## Eligibility

The patient is not eligible for inclusion.

# 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?
- ◯ Yes
- ◯ No

## 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
- ◯ Yes
- ◯ No

2. Who gave consent for collection of non-routinely recorded data?
- ◯ Patient participant
- ◯ Legally acceptable representative

3. Relation of LAR with the Participant

_____

4. Why was Legally acceptable representative (LAR) approached for consent for collection of non-routinely recorded data?
- ☐ The participant is incapacitated because of the trauma
- ☐ The participant is younger than 18 years

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? | ◯ In writing<br>◯ Verbally |
| 7. Date when the participant was reconsented? | _____ |

## Section III: Assent form

| | |
|---|---|
| 1. Did the minor give assent for collection of non-routinely recorded data? | ◯ Yes<br>◯ No |
| 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? | ◯ Yes<br>◯ No |
| 2. Who opted-out of the routinely recorded data (in-hospital)? | ◯ Patient participant<br>◯ Legally acceptable representative (LAR) |
| 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? | ◯ Yes<br>◯ No |

# Consent_Withdrawn V1.0.01.10.24

| Consent withdrawal | |
|---|---|
| 1. Does the participant or legally acceptable representative (LAR) want to withdraw the consent? | ◯ Yes<br>◯ No |
| 2. Date of consent withdrawal for follow-up data collection. | _____ |
| 3. Procedure(s) for which consent has been withdrawn | ◯ Data collection prior to withdrawal<br>◯ All data collection after withdrawal<br>◯ Both |

# Baseline V1.0.01.10.24

| | |
|---|---|
| 1. Age in years | _____<br>(Source: Medical record of interview) |
| 2. Sex | ◯ Female<br>◯ Male<br>◯ Other<br>◯ Not known<br>(Source: Medical record of interview) |
| 3. Current marital status | ◯ Never married<br>◯ Currently married<br>◯ Separated<br>◯ Divorced<br>◯ Widowed<br>◯ Cohabiting<br>◯ Not known<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 4. Education level | ◯ Not attended school<br>◯ Primary school<br>◯ Secondary school<br>◯ Higher secondary school<br>◯ Graduate<br>◯ Post graduate and above<br>◯ Other<br>◯ Not known<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 5. If other, please specify | _____<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 6. Main work status | ◯ Paid work, such as daily wage earner, teacher, factory worker and government employee<br>◯ Self-employed, such as own your business or farming<br>◯ Non-paid work, such as volunteer or charity<br>◯ Student<br>◯ Keeping house/homemaker<br>◯ Retired<br>◯ Unemployed (health reasons)<br>◯ Unemployed (other reasons)<br>◯ Other<br>◯ No income<br>◯ Not known<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 7. If other, please specify | _____<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |

| | |
|---|---|
| 8. Income level in INR per month | ◯ Below 10,000<br>◯ 10,001-20,000<br>◯ 20,001-30,000<br>◯ 30,001-50,000<br>◯ 50,001-80,000<br>◯ 80,001-1,00,000<br>◯ Above 1,00,000<br>◯ Not known<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 9. Mechanism of injury | _____<br>(Coded using ICD 10. Source: Medical record) |
| 10. Clinical Frailty Scale | ◯ 1. Very fit<br>◯ 2. Fit<br>◯ 3. Managing well<br>◯ 4. Living with very mild frailty<br>◯ 5. Living with mild frailty<br>◯ 6. Living with moderate frailty<br>◯ 7. Living with severe frailty<br>◯ 8. Living with very severe frailty<br>◯ 9. Terminally ill<br>◯ Not known<br>(Source: Medical record or treating physician) |
| 11. Comorbidities (Charlson Comorbidity Index) | ☐ Myocardial infarction<br>☐ Congestive heart failure<br>☐ Peripheral vascular disease<br>☐ Cerebrovascular disease<br>☐ Dementia<br>☐ Chronic pulmonary disease<br>☐ Rheumatologic disease<br>☐ Peptic ulcer disease<br>☐ Liver disease<br>☐ Diabetes<br>☐ Hemiplegia or paraplegia<br>☐ Renal disease<br>☐ Malignancy<br>☐ Leukemia<br>☐ Lymphoma<br>☐ AIDS<br>☐ Not known<br>☐ None<br>(Source: Medical record, treating physician or interview) |
| 12. Severity of liver disease | ◯ Mild<br>◯ Moderate or severe<br>◯ Not known<br>(Source: Medical record, treating physician or interview) |
| 13. Severity of diabetes | ◯ Controlled<br>◯ Uncontrolled<br>◯ Not known<br>(Source: Medical record, treating physician or interview) |

| | |
|---|---|
| 14. Severity of malignancy | ◯ Localized<br>◯ Metastatic tumor<br>◯ Not known<br>(Source: Medical record, treating physician or interview) |

# Prehospital V1.0.01.10.24

| | |
|---|---|
| 1. Date and time of injury | _____<br>(Source: Medical record of interview) |
| 2. Mode of transport to the participating hospital | ◯ Ambulance<br>◯ Police<br>◯ Private vehicle<br>◯ Walking<br>◯ Others<br>◯ Not known<br>(Source: Medical record of interview) |
| 3. If other, please specify | _____<br>(Source: Medical record of interview) |
| 4. Referred or transferred to the participating hospital from another hospital | ◯ Yes<br>◯ No<br>◯ Not known<br>(Source: Medical record of interview) |

# ATLS adherence V1.1.22.10.24

ATLS adherence checklist

## Airway

1. Airway patency checked
◯ Yes
◯ No
(Source: Observation)

## Breathing

1. Chest wall palpated
◯ Yes
◯ No
(Source: Observation)

2. Breath sounds checked
◯ Yes
◯ No
(Source: Observation)

3. Respiratory rate measured
◯ Yes
◯ No
(Source: Observation)

4. Saturation (SpO2) measured
◯ Yes
◯ No
(Source: Observation)

## Circulation

1. Heart rate measured
◯ Yes
◯ No
(Source: Observation)

2. Blood pressure measured
◯ Yes
◯ No
(Source: Observation)

3. Abdomen palpated
◯ Yes
◯ No
(Source: Observation)

4. Thighs palpated
◯ Yes
◯ No
(Source: Observation)

5. IV access obtained
◯ Yes
◯ No
(Source: Observation)

## Disability

1. GCS checked
◯ Yes
◯ No
(Source: Observation)

2. Pupils checked
◯ Yes
◯ No
(Source: Observation)

## Exposure

1. Patients exposed for assessment
◯ Yes
◯ No

2. Temperature measured
◯ Yes
◯ No
(Source: Observation)

3. Interventions and adjuncts performed according to ATLS

## Airway interventions

1. Which airway interventions were performed?
☐ None
☐ Manual airway procedure such as chin lift or jaw thrust
☐ Nasopharyngeal or Oropharyngeal airway inserted
☐ Supraglottic airway device
☐ Tracheal intubation
☐ Surgical airway
☐ Other
☐ Not known
(Source: Observation)

2. If other airway Interventions given, specify
_____

3. Were airway interventions performed while minimising c-spine movement?
◯ Yes
◯ No
◯ Not known
(Source: Observation)

## Breathing interventions

1. Which breathing interventions were performed?
☐ None
☐ Oxygen applied
☐ Intracostal drain placement
☐ Other
☐ Not done
☐ Not known
(Source: Observation)

2. If other breathing Interventions done, specify
_____

## Circulation interventions

1. Which circulation interventions and adjuncts were performed?

- ☐ None
- ☐ Control of external bleeding
- ☐ Fluid bolus
- ☐ Blood transfusion
- ☐ eFast
- ☐ Pelvic binder applied
- ☐ Reduction of highly displaced fracture
- ☐ Other
- ☐ Not known

(Source: Observation)

2. If other circulation Interventions done, specify

_____

## Disability interventions

1. Which disability intervention was performed?

- ☐ None
- ☐ Placement of definitive airway if the patient had a GCS of 8 or less
- ☐ Log Rolling
- ☐ Spine board during transportation
- ☐ Other
- ☐ Not known

(Source: Observation)

2. If other disability interventions done, specify

_____

## Exposure interventions

1. Which exposure intervention was performed?

- ☐ None
- ☐ Covered with warmer or blanket
- ☐ Warm fluids administered
- ☐ Other
- ☐ Not known

(Source: Observation)

2. If other exposure interventions done, specify

_____

# Emergency Department V1.0.01.10.24

| | |
|---|---|
| 1. Date and time of arrival to the emergency department at the participating hospital | _____ (Source: Medical record of interview) |
| 2. First recorded systolic blood pressure (mmHg) | _____ (Source: Medical record) |
| 3. First recorded diastolic blood pressure (mmHg) | _____ (Source: Medical record) |
| 4. First recorded heart rate (beats per minute) | _____ (Source: Medical record) |
| 5. First recorded respiratory rate (breaths per minute) | _____ (Source: Medical record) |
| 6. First recorded Glasgow Coma Scale | _____ (Source: Medical record) |
| 7. First recorded body temperature (°C) | _____ (Source: Medical record) |
| 8. First recorded oxygen saturation (%) | _____ (Source: Medical record) |
| 9. Emergency department disposition | ◯ Admitted<br>◯ Referred or transferred for admission<br>◯ Dead<br>◯ Others<br>◯ Not known<br>(Source: Medical record) |
| 10. If other, please specify | _____ (Source: Medical record) |
| 11. Date and time of referral or transfer for admission | _____ (Source: Medical record) |

# Hospital V1.0.01.10.24

1. Date of admission to the participating hospital

_____
(Source: Medical record)

1.1 Time of admission to the participating hospital

_____
(Source: Medical record)

2. Type of admitting ward

◯ General surgery
◯ Orthopaedics
◯ Neurosurgery
◯ Intensive care unit
◯ High dependency unit
◯ Medicine
◯ Trauma ward
◯ Not known
(Source: Medical record)

3. Ward name or number

_____
(Source: Medical record)

4. Admitted to intensive care unit during admission

◯ Yes
◯ No
◯ Not known
(Source: Medical record)

5. Date of first intensive care unit admission

_____
(Source: Medical record)

5.1 Time of first intensive care unit admission

_____
(Source: Medical record)

6. Date of first intensive care unit discharge

_____
(Source: Medical record)

6.1 Time of first intensive care unit discharge

_____
(Source: Medical record)

7. Hospital disposition

◯ Alive
◯ Dead
◯ Transferred for admission
◯ Not known
(Source: Medical record)

8. Was the patient transferred to another hospital for admission?

◯ Yes
◯ No
◯ Not known
(Source: Medical record)

9. Date of discharge or transfer from participating hospital

_____
(Source: Medical record)

9.1 Time of discharge or transfer from participating hospital

_____
(Source: Medical record)

# Surgery V1.0.01.10.24

1. 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)

1. 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)

2. Preoperative ASA score

◯ 1. A normal healthy patient
◯ 2. A patient with mild systemic disease
◯ 3. A patient with severe systemic disease
◯ 4. A patient with severe systemic disease that is a constant threat to life
◯ 5. A moribund patient who is not expected to survive without the operation
◯ 6. A declared brain-dead patient whose organs are being removed for donor purposes
◯ 999. Not known
(Source: Medical record or treating physician)

3. Description of procedure

_____
(Source: Medical record)

4. Procedure coded according to SNOMED CT

_____
(Source: Medical record)

# Imaging V1.0.01.10.24

| | |
|---|---|
| 1. Date and time of imaging | _____<br>(Source: Medical record) |
| 1.1 Time of imaging | _____<br>(Source: Medical record) |
| 2. Type of imaging | ◯ Ultrasound<br>◯ X-ray<br>◯ Computed Tomography (CT)<br>◯ Magnetic Resonance Imaging (MRI)<br>(Source: Medical record) |

# Transfusion V1.0.01.10.24

1. Date of transfusion

_____
(Source: Medical record)

1.1 Time of transfusion

_____
(Source: Medical record)

2. Type of blood product

◯ Packed red blood cells
◯ Platelets
◯ Fresh frozen plasma
◯ Whole blood
◯ Other
(Source: Medical record)

2.1 Other specify

_____

3. Number of units transfused

_____
(Source: Medical record)

# Injury V1.0.01.10.24

| | |
|---|---|
| 1. Injury description | _____<br>(Source: Medical record) |
| 2. ICD 10 code | _____<br>(Coded using ICD 10. Source: Medical record) |
| 3. Injury source data | ◯ Medical record<br>◯ X-ray report<br>◯ CT-report<br>◯ Surgical notes<br>(Source: Medical record) |
| 4. Injury time | _____ |

# Individual Mortality Status V1.0.01.10.24

1. Is the patient dead?

◯ Yes
◯ No
(Source: Medical record or interview)

2. Date and time of death

_____
(Source: Medical record or interview)

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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Date of filling this form

_____

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?



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?



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?



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?



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.)

0 - The worst health you can imagine

50

100 - The best health you can imagine

*(Place a mark on the scale above)*

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# Disability (WHODAS 2.0)

| | |
|---|---|
| Date of form filling | _____ |
| 1. Who are you interviewing? | ◯ Patient participant<br>◯ Patient representative<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 2. What is the relationship between the representative and the participant? | ◯ Husband or wife<br>◯ Parent<br>◯ Son or daughter<br>◯ Brother or sister<br>◯ Other relative<br>◯ Friend<br>◯ Professional carer<br>◯ Other (specify)<br>(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? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 2. Taking care of your household responsibilities? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 3. Learning a new task, for example, learning how to get to a new place? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(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? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 5. How much have you been emotionally affected by your health problems? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(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? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 2. Walking a long distance such as a kilometre [or equivalent]? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |

| | |
|---|---|
| 3. Washing your whole body? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 4. Getting dressed? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 5. Dealing with people you do not know? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 6. Maintaining a friendship? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 7. Your day-to-day work/school? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(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?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(Requires opt-in consent, not routinely recorded. Source: Interview)

2. Taking care of his or her household responsibilities?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(Requires opt-in consent, not routinely recorded. Source: Interview)

3. Learning a new task, for example, learning how to get to a new place?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(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?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(Requires opt-in consent, not routinely recorded. Source: Interview)

5. How much has your relative been emotionally affected by his or her health condition?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(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?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(Requires opt-in consent, not routinely recorded. Source: Interview)

2. Walking a long distance such as a kilometre [or equivalent]?

◯ None
◯ Mild
◯ Moderate
◯ Severe
◯ Extreme or cannot do
(Requires opt-in consent, not routinely recorded. Source: Interview)

| | |
|---|---|
| 3. Washing his or her whole body? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 4. Getting dressed? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 5. Dealing with people he or she does not know? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 6. Maintaining a friendship? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 7. His or her day-to-day work/school? | ◯ None<br>◯ Mild<br>◯ Moderate<br>◯ Severe<br>◯ Extreme or cannot do<br>(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? | _____<br>(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? | _____<br>(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? | _____<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |

# Return To Work V1.0.01.10.24

| | |
|---|---|
| Date of form filling | _____ |
| 1. Did participant returned to work? | ◯ Yes<br>◯ No |
| 2. Date and time of return to work | _____<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |
| 3. Work status | ◯ Paid work<br>◯ Self-employed, such as own your business or farming<br>◯ Non-paid work, such as volunteer or charity<br>◯ Student<br>◯ Keeping house/homemaker<br>◯ Not known<br>(Requires opt-in consent, not routinely recorded. Source: Interview) |

# Safety Events V1.0.01.10.24

| | |
|---|---|
| 1. Date reported to trial management team of safety event | _____ |
| 2. Type of safety event | ◯ Prolonged mechanical ventilation (> 7 days)<br>◯ Initiation of renal replacement therapy<br>◯ Prolonged (> 2 days) use of vasopressors such as norepinephrine or vasopressin<br>◯ Renewed (restart after at least 2 days without) use of vasopressors such as norepinephrine or vasopressin<br>◯ Other<br>(Source: Medical record or treating physician) |
| 3. Elaborate on other safety event | _____<br>(Source: Medical record or treating physician) |
| 4. Investigator assessment of safety event | _____<br>(Source: Investigator) |

# End Of Study V1.0.01.10.24

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

- ◯ Completed follow up
- ◯ Lost to follow up
- ◯ Death
- ◯ Discharge and no consent for follow up
- ◯ Opt-out from routinely recorded (in-hospital) data collection and no consent for follow-up
- ◯ Opt-out from routinely recorded (in-hospital) data collection and withdrawn consent for follow-up

2. Date and time of end of study

_____