

# Screening V10 Dated22mar24

Record ID	
Hospital ID	
Date of screening	

## Inclusion criteria

Is the patient at least 15 years old?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record or interview)
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?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record or interview)
Please see <a href="https://icd.who.int/browse10/2019/en#/XX">https://icd.who.int/browse10/2019/en#/XX</a> for a complete list of ICD-10 codes	
Did the trauma occur less than 48 hours before arrival to the hospital?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record or interview)
Was the patient admitted?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record)
Did the patient die after arrival but before admission?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record)
Was the patient transferred to another hospital for admission?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record)

## Exclusion criteria

Did the patient present with isolated limb injury?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record)
Was the patient directly admitted to a ward without being seen by a physician in the emergency department?	<input type="radio"/> Yes <input type="radio"/> No (Source: Medical record)

**Eligibility**

Phone numbers to patient and patient representative

(Collect as many phone numbers as possible)

The patient is not eligible for inclusion.

# Consent V10 Dated22mar24

## Section I: Consent Wavier

**This only applies to patients who are unconscious or otherwise unable to provide consent and do not have a legally authorized representative. Patient participants who are included under the waiver of informed consent have to be approached and receive information about the study, the option to opt out, and consented for follow up when they regain consciousness or a legally authorized representative is present.**

Is the patient included under the waiver of informed consent?

- ☐ Yes  
☐ No

Reason for waiver of consent

- ☐ Whether the patient is unconscious or not able to provide consent  
☐ Do not have a legally acceptable representative (LAR)  
☐ Both

Please fill LAR attempt form to contact LAR

## Section II: Opt in consent for follow up data collection

Who gave opt-in consent for follow-up data collection?

- ☐ Patient participant  
☐ Legally authorised representative  
☐ Opt-in consent not given

Please fill opt-out form

Why was participant representative approached for consent instead of the participant?

- ☐ The participant is incapacitated because of the trauma  
☐ The participant is younger than 18 years

When did the participant or participant representative consented for follow-up data collection?

\_\_\_\_\_

How did the participant or participant representative consented for follow-up data collection?

- ☐ In writing  
☐ Verbally

## Section III: Assent form

Did the participant representative consented for follow-up data collection?

- ☐ Yes  
☐ No

Did the participant gave assent for follow-up?

- ☐ Yes  
☐ No  
☐ The participant is incapacitated because of the trauma

Date when the minor gave assent

Date when the minor refused assent

**Section IV: Opt out consent for follow up data collection**

Did the participant or participant representative opt out from being included in the study?

☐ Yes

☐ No

Date when participant decided to opt out from the study

Did the participant or participant representative suggested to delete all the previously recorded data?

☐ Yes

☐ No

**Section V: Consent withdrawal**

Does the participant or participant representative wants to withdraw the consent?

☐ Yes

☐ No

Date of consent withdrawal

Consent withdrawn reason

☐ Participant not willing to continue

☐ Participant does not wish to participate in Follow Up

☐ Other, specify

Other, specify reason

Procedure(s) for which consent has been withdrawn

☐ Data collection prior to withdrawal

☐ All data collection after withdrawal

☐ Other, specify

Others, specify

# Lar Attempt Form V10 Dated22mar24

Attempt 1 ☐ Yes  
☐ No

Date of Attempt 1 \_\_\_\_\_

Was contact made with LAR in Attempt 1? ☐ Yes  
☐ No

Please specify the relationship of LAR with the participant in Attempt 1 \_\_\_\_\_

If LAR is contacted then fill Section II: Opt-in Consent form.

Attempt 2 ☐ Yes  
☐ No

Date of Attempt 2 \_\_\_\_\_

Was contact made with LAR in Attempt 2? ☐ Yes  
☐ No

Please specify the relationship of LAR with the participant in Attempt 2 \_\_\_\_\_

If LAR is contacted then fill Section II: Opt-in Consent form.

Attempt 3 ☐ Yes  
☐ No

Date of Attempt 3 \_\_\_\_\_

Was contact made with LAR in Attempt 3? ☐ Yes  
☐ No

Please specify the relationship of LAR with the participant in Attempt 3 \_\_\_\_\_

If LAR is contacted then fill Section II: Opt-in Consent form.

Attempt 4 ☐ Yes  
☐ No

Date of Attempt 4 \_\_\_\_\_

Was contact made with LAR in Attempt 4? ☐ Yes  
☐ No

---

Please specify the relationship of LAR with the participant in Attempt 4

---

If LAR is contacted then fill Section II: Opt-in Consent form.

---

Attempt 5

☐ Yes  
☐ No

---

Date of Attempt 5

---

Was contact made with LAR in Attempt 5?

☐ Yes  
☐ No

---

Please specify the relationship of LAR with the participant in Attempt 5

---

If LAR is contacted then fill Section II: Opt-in Consent form.

Baseline V10 Dated22mar24

Age in years

Sex

☐ Female

☐ Male

☐ Other

☐ Not known

Current marital status

☐ Never married

☐ Currently married

☐ Separated

☐ Divorced

☐ Widowed

☐ Cohabiting

☐ Not known

(Requires opt-in consent, not routinely recorded.  
Source: Interview)

Education level

☐ Not attended school

☐ Primary school

☐ Secondary school

☐ Higher secondary school

☐ Graduate

☐ Post graduate and above

☐ Other

☐ Not known

(Requires opt-in consent, not routinely recorded.  
Source: Interview)

If other, please specify

Main work status

☐ Paid work, such as daily wage earner, teacher, factory worker and government employee

☐ Self-employed, such as own your business or farming

☐ Non-paid work, such as volunteer or charity

☐ Student

☐ Keeping house/homemaker

☐ Retired

☐ Unemployed (health reasons)

☐ Unemployed (other reasons)

☐ Other

☐ Not known

(Requires opt-in consent, not routinely recorded.  
Source: Interview)

If other, please specify

(Requires opt-in consent, not routinely recorded.  
Source: Interview)

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



Severity of malignancy

- ☐ Localized
  - ☐ Metastatic tumor
  - ☐ Not known
- (Source: Medical record, treating physician or interview)

# Prehospital V10 Dated22mar24

Date and time of injury	
<div>(Source: Medical record of interview)</div>	
Mode of transport to the participating hospital	<div><div><input type="radio"/> Ambulance</div><div><input type="radio"/> Police</div><div><input type="radio"/> Private vehicle</div><div><input type="radio"/> Walking</div><div><input type="radio"/> Others</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record of interview)</div>
If other, please specify	
<div></div>	
Referred or transferred to the participating hospital from another hospital	<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record of interview)</div>

# Emergency Department V10 Dated22mar24

Date and time of arrival to the emergency department  
at the participating hospital

(Source: Medical record of interview)

First recorded systolic blood pressure (mmHg)

(Source: Medical record)

First recorded diastolic blood pressure (mmHg)

(Source: Medical record)

First recorded heart rate (beats per minute)

(Source: Medical record)

First recorded respiratory rate (breaths per minute)

(Source: Medical record)

First recorded Glasgow Coma Scale

(Source: Medical record)

First recorded body temperature (°C)

(Source: Medical record)

First recorded oxygen saturation (%)

(Source: Medical record)

Emergency department disposition

- ☐ Admitted  
☐ Referred or transferred for admission  
☐ Dead  
☐ Others  
☐ Not known  
(Source: Medical record)

If other, please specify

Date and time of referral or transfer for admission

(Source: Medical record)

# Hospital V10 Dated22mar24

---

Date and time of admission to the participating hospital

---

(Source: Medical record)

---

Type of admitting ward

- ☐ General surgery  
☐ Orthopaedics  
☐ Neurosurgery  
☐ Intensive care unit  
☐ High dependency unit  
☐ Medicine  
☐ Not known  
(Source: Medical record)

---

Ward name or number

---

(Source: Medical record)

---

Admitted to intensive care unit during admission

- ☐ Yes  
☐ No  
☐ Not known  
(Source: Medical record)

---

Date and time of first intensive care unit admission

---

(Source: Medical record)

---

Date and time of first intensive care unit discharge

---

(Source: Medical record)

---

Hospital disposition

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

---

Was the patient transferred to another hospital for admission?

- ☐ Yes  
☐ No  
☐ Not known  
(Source: Medical record)

---

Date and time of discharge or transfer from participating hospital

---

(Source: Medical record)

# Surgery V10 Dated22mar24

Date and time of surgical procedure	<div></div> <div>(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)</div>
Preoperative ASA score	<div><div><input type="radio"/> 1. A normal healthy patient</div><div><input type="radio"/> 2. A patient with mild systemic disease</div><div><input type="radio"/> 3. A patient with severe systemic disease</div><div><input type="radio"/> 4. A patient with severe systemic disease that is a constant threat to life</div><div><input type="radio"/> 5. A moribund patient who is not expected to survive without the operation</div><div><input type="radio"/> 6. A declared brain-dead patient whose organs are being removed for donor purposes</div><div><input type="radio"/> Not known</div></div> <div>(Source: Medical record or treating physician)</div>
Description of procedure	<div></div> <div>(Source: Medical record)</div>
Procedure coded according to SNOMED CT	<div></div> <div>(Source: Medical record)</div>

# Imaging V10 Dated22mar24

Date and time of imaging	<div>(Source: Medical record)</div>
Type of imaging	<div><div><input type="radio"/> Ultrasound</div><div><input type="radio"/> X-ray</div><div><input type="radio"/> Computed Tomography (CT)</div><div><input type="radio"/> Magnetic Resonance Imaging (MRI)</div><div>(Source: Medical record)</div></div>

# Transfusion V10 Dated22mar24

Date and time of transfusion	<div></div> <div>(Source: Medical record)</div>
Type of blood product	<div><div><input type="radio"/> Packed red blood cells</div><div><input type="radio"/> Platelets</div><div><input type="radio"/> Fresh frozen plasma</div><div><input type="radio"/> Whole blood</div></div> <div>(Source: Medical record)</div>
Number of units transfused	<div></div> <div>(Source: Medical record)</div>

# Injury V10 Dated22mar24

Injury description	<div></div> <div>(Source: Medical record)</div>
ICD 10 code	<div></div> <div>(Coded using ICD 10. Source: Medical record)</div>
Injury source data	<div><div><input type="radio"/> Medical record</div><div><input type="radio"/> X-ray report</div><div><input type="radio"/> CT-report</div><div><input type="radio"/> Surgical notes</div></div> <div>(Source: Medical record)</div>



# Individual Mortality Status V10 Dated22mar24

---

Is the patient dead?

- ☐ Yes  
☐ No

---

Date and time of death

(Source: Medical record or interview)

---

## Health Questionnaire

English version

### VERSION FOR INTERVIEWER ADMINISTRATION

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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.

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

### 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.)

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

### EQ-5D DESCRIPTIVE SYSTEM

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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?

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

---

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?

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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?

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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?

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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?

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

EQ-5D VAS

---

© EuroQol Research Foundation. EQ-5D™ is a trade mark of the EuroQol Research Foundation. UK (English) v1.2

---

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

100 - The best health you can imagine

(Place a mark on the scale above)

# Disability (WHODAS 2.0)

Who are you interviewing?

- ☐ Patient participant  
☐ Patient representative  
(Requires opt-in consent, not routinely recorded.  
Source: Interview)

What is the relationship between the representative and the participant?

- ☐ Husband or wife  
☐ Parent  
☐ Son or daughter  
☐ Brother or sister  
☐ Other relative  
☐ Friend  
☐ Professional carer  
☐ Other (specify)  
(Requires opt-in consent, not routinely recorded.  
Source: Interview)

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:**

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)

---

Taking care of your household responsibilities?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
---	---

---

Learning a new task, for example, learning how to get to a new place?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
---	---

---

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?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--	---

---

How much have you been emotionally affected by your health problems?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--	---

---

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

Concentrating on doing something for ten minutes?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
---	---

---

Walking a long distance such as a kilometre [or equivalent]?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--	---

---

Washing your whole body?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--------------------------	---

---

Getting dressed?

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

Dealing with people you do not know?

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

Maintaining a friendship?

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

Your day-to-day work/school?

☐ None  
☐ Mild  
☐ Moderate  
☐ Severe  
☐ Extreme or cannot do  
 (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:**

---

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)

---

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)

---

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)

---

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)

---

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:**

Concentrating on doing something for ten minutes?

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

---

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)



---

Washing his or her whole body?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--------------------------------	---

---

Getting dressed?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
------------------	---

---

Dealing with people he or she does not know?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
--	---

---

Maintaining a friendship?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
---------------------------	---

---

His or her day-to-day work/school?	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme or cannot do (Requires opt-in consent, not routinely recorded. Source: Interview)
------------------------------------	---

---

### Number of days

Overall, in the past 30 days, how many days were these difficulties present?

\_\_\_\_\_  
(Requires opt-in consent, not routinely recorded.  
Source: Interview)

---

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)

---

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)

---

# Return To Work V10 Dated22mar24

Date and time of return to work	(Requires opt-in consent, not routinely recorded. Source: Interview)
Work status	<div><input type="radio"/> Paid work</div> <div><input type="radio"/> Self-employed, such as own your business or farming</div> <div><input type="radio"/> Non-paid work, such as volunteer or charity</div> <div><input type="radio"/> Student</div> <div><input type="radio"/> Keeping house/homemaker</div> <div><input type="radio"/> Not known</div> <div>(Requires opt-in consent, not routinely recorded. Source: Interview)</div>

# Safety Events V10 Dated22mar24

Type of safety event	<div><div><input type="radio"/> Prolonged mechanical ventilation (&gt; 7 days)</div><div><input type="radio"/> Initiation of renal replacement therapy</div><div><input type="radio"/> Prolonged (&gt; 2 days) use of vasopressors such as norepinephrine or vasopressin</div><div><input type="radio"/> Renewed (restart after at least 2 days without) use of vasopressors such as norepinephrine or vasopressin</div><div><input type="radio"/> Other</div></div> <div>(Source: Medical record or treating physician)</div>
----------------------	--

Elaborate on other safety event	<div></div>
---------------------------------	-------------

Investigator assessment of safety event	<div></div>
---	-------------

# End Of Study V10 Dated22mar24

What is the reason for the end of study?	<div><input type="radio"/> Completed follow up</div> <div><input type="radio"/> Lost to follow up</div> <div><input type="radio"/> Death</div> <div><input type="radio"/> Discharge and no consent for follow up</div> <div><input type="radio"/> Withdrawn consent for in-hospital data collection and no consent for follow up</div> <div><input type="radio"/> Withdrawn consent for in-hospital data collection and follow-up</div> <div><input type="radio"/> Withdrawn consent for follow-up</div>
--	--

Date and time of end of study	<div></div>
-------------------------------	-------------