**NR**

1. This the one single sentence on which the raison de etre of this entire manuscript hangs. Why is “post-discharge” research so important, is not built convincingly at all for the reader, neither in the introduction nor in the discussion

SD: Thanks for pointing that out. I have tried to revise the Introduction.

1. This is in results and introduction. Gives the impression that the results are already known or redundant

SD: Yes, I have removed it to the discussion section.

1. If this was standard, it can be left it as it is. However, I suspect that even you have just got to know about this methodology, so it would be good to explain in a line (the five logical steps listed out atleast), as this is key to your scoping review paper. Using the PRISMA extension for Scoping reviews Checklist is excellent and current. The reference 26 is current, but I do not see the filled-out checklist in the Supplementary. It does not have a place in this manuscript. This is particularly important, as it is a PhD paper submission.

SD: Thanks for highlighting that. I have listed the five steps. I have also added the filled-out checklist in the Supplementary document-Table S1.

1. Not the best to use in scientific manuscripts

SD: I have edited it to include the terms used.

1. Delete

SD: Done

1. Do you mean Outcomes and Outcome Measures as tools are in Table 4

SD: Thanks for highlighting the goof-up. I have rectified it.

1. Unnecessary grandstanding, and not saying anything really.

SD: I have removed it.

1. This paragraph repeats the results, without adding much more value. I would suggest a bit of ‘why’, is it funding, rehab services, or other factors that drives this research in HICs.

SD: You are right it was repetition without adding anything. So, I have tried to rework on this part by adding more about “why”.

1. Very good! But maybe move to limitation. I find the hyphens confusing

SD: I have edited it a bit and moved it to the limitations

1. Again a repeat of results. Some thought into why cross-sectional, and the way to change this would be good. Comparing LMIC studies, to comment on sampling sizes, geography, institutions conducting studies, would enhance this discussion.

SD: Thanks for that suggestion. Institution-wise they all seemed coming from academic settings and I did not find any connections with the sample-sizes. I have added a point on institutional collaborations between HIC and LMICs as suggested by the Lancet Commission on Global surgeries and evidence of that from our review.

1. More thoughtful guesses?

SD: I have added a few studies that have found similar results. Please let me know if is there anything more you feel that I can add here.

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**CSL**

1. Wondering a bit about the title, here it looks like it is about how to measure these outcomes, while in the text it seems more to be about the actual results. I would suggest just remove measuring from the title

SD: Thanks, that is true. I’ve changed it.

1. Since we changed the name of the department to Global Public Health, we removed Global Health from the group name

SD: Thanks for pointing that out, I’ve corrected it.

1. Just curious, Roy, are you still affiliated to BARC

SD: He’s affiliated to the WHO Collaborating center at BARC, I think. But Dr. Roy can add more.

1. Is to really to reduce the burden of trauma or to find ways to reduce consequences of trauma

SD: It is to reduce the consequences of trauma. I’ve corrected it.

1. What do you mean here? Is it not better to add somewhere, irrespective of in which country or setting the study was performed?

SD: Thanks Cecilia, that’s a better way to frame it.

1. Did you only look for papers with both types of outcomes or shall it be an ‘or’ here instead? Or ‘for’

SD: I looked for papers with any of the outcomes, so you are right it would be an “or” not an “and”.

1. Can you really say this or better with ‘simila outcomesr

SD: I agree it is for “similar outcomes”.

1. You talk about two different things here, does that imply that studies from HIC were not cross-sectional? If so say something on design also there

SD: I have reworded it as “Most of the studies from low and-middle income countries (LMICs) were cross-sectional (71%) compared to HIC settings (46%).”

1. Decide how you want to write this First you say you want to systematically, why not a systematic review then? Then you say ‘current knowledge on post-discharge socio-economic and QoL outcomes in trauma patients.’ Looks like you want to see the results and then suddenly ‘the specific question: What are the measures used to assess post-discharge socioeconomic and QoL outcomes in trauma patients?’ So it it unclear what you really want to do here, also I have a feeling you focus on LMIC, but that is not evident here?

SD: I have rewritten the aim

1. Yes that sounds many more are there, please list all instead

SD: I have edited it to list the terms used.

1. This is 2 years back. I think you shall update the search

SD: The scoping review would be supplementing the doctoral work and not directly add towards the PhD requirements (as scoping review is not eligible for being part of the 4 papers at KI). Therefore, I don't want to spend a lot of time on it. Also, it did take a lot of time than anticipated. I ran a preliminary search on Medline for the 2-year period (2018-2020) and got around 1000 hits.

1. Why did you include them in the search then? Would it not have been better to put ‘English’ as a requirement for the search? In the search Strategy it says English, so did you really search all languages. If not you did not exclude those with other languages, you did not include them

SD: Thanks for pointing that out, yes only English articles were searched. I have reworded that part.

1. Did you do the search yourself or with assistance from KI library? They are very helpful in cases like this so if you have not asked them I would suggest you ask them to at least check your search strategy

SD: I agree that would have been a very useful step. But unfortunately, no, they were not approached specifically for this scoping review. But I had prepared the search strategy during the classroom exercises in the introduction session with the library. So, it was done in consultation with them.

1. Done by whom?

SD: Martin and me. I have added that.

1. This setnce needs revision

SD: Thanks, I have revised it

1. You mean they were collected for other reasons, otherwise this is kind of normal?

SD: Yes, they were collected as part of a project and then used for analysis in a different study. Similar to some of the papers in my doctoral study.

1. Even in Supplementary material it is good to have tables or Figures and then call them like Table S1 etc

SD: That is an excellent suggestion! I have named the tables.

1. The normal structure of a discussion is to first have a short summary of the results, discuss your own results, discuss in relation to others and then Methodological considerations with strengths and weaknesses. I think this discussion is a bit too short.

SD: Thanks for that template, I have tried to rework the section.

1. You also need ro reference other studies

SD: I have added references of other studies citing the problem of heterogeneity and variability among terms used.

1. You need to reference them

SD: I have added references for ICF and WHODAS

1. Recommendations?

SD: Sorry for that grammatical error, I have rectified it.

1. IN limitations or weaknesses you should only mention things that were there according to the design, this was never there and is thus not a limitiona. It can however be recommended for future studies

SD: I agree. I have removed it. It was a good suggestion to put it in the recommendations.