



Appendix-1: Survey Questionnaire

Section-I: Demographics		
SR No	Variables	Response options
1	Age (Years)/Date of Birth	
2	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3	Education	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Technical <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters or above <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify _____ Not stated <input type="checkbox"/>
4	Previous occupation (*Codes)	Professionals <input type="checkbox"/> Clerical & administrative <input type="checkbox"/> Technicians and trade workers <input type="checkbox"/> Managers <input type="checkbox"/> Community & personal service workers <input type="checkbox"/> Labourers <input type="checkbox"/> Sales workers <input type="checkbox"/> Machinery operators & drivers <input type="checkbox"/> Others <input type="checkbox"/> Please specify _____ Not stated <input type="checkbox"/>
5	Current employment status	Full time paid employment <input type="checkbox"/> Part time paid employment <input type="checkbox"/> Volunteer, full time <input type="checkbox"/> Volunteer, part time <input type="checkbox"/> Family carer, full time <input type="checkbox"/> Family carer, part time <input type="checkbox"/> Retired, not working <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____
6	Language spoken at home and ethnicity	English Mandarin Arabic Cantonese Vietnamese Italian Other Please specify _____ Ethnicity _____
7	Family composition	Living with spouse or partner <input type="checkbox"/> Living alone <input type="checkbox"/> Living with children or relative <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____
8	Access to own computers and smartphone	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify Computer <input type="checkbox"/> smartphone <input type="checkbox"/>



Appendix-1: Survey Questionnaire

		Tablet <input type="checkbox"/>
9	Access to internet	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify the instrument, you have, has access to the internet Computer <input type="checkbox"/> Smartphone <input type="checkbox"/> Tablet <input type="checkbox"/>
10	If you do not have your own computers or smartphone, can you access computer or smartphone of other family member or friend with ease and whenever you want?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	How would you define your current use of internet and/or mobile applications?	Rarely use <input type="checkbox"/> Restricted to email <input type="checkbox"/> Social media <input type="checkbox"/> Use of mobile applications <input type="checkbox"/> Please specify _____ Health information <input type="checkbox"/> Please specify _____ Never used/don't know <input type="checkbox"/>
12	If given a chance and support, do you intend to learn about internet use in accessing useful health information, through your computer or smartphone?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section-II: Frailty score		
1	Weight loss	Weight ____ Kg Height ____ Mts BMI ____ kg/m ²
2	Weakness Prior to the fracture, does your health now limit you in lifting or carrying groceries which you might previously do during a typical day?	Yes, limited a lot <input type="checkbox"/> Yes, limited a little <input type="checkbox"/> No, not limited at all <input type="checkbox"/>
3	Exhaustion Prior to the fracture, how much of the time during the past 4 weeks, did you feel worn out?	All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A good bit of time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/>
4	Slowness	Yes, limited a lot <input type="checkbox"/>



Appendix-1: Survey Questionnaire

	Prior to the fracture, does your health now limit you in walking 100 meters which you might previously do during a typical day?	Yes, limited a little <input type="checkbox"/> No, not limited at all <input type="checkbox"/>
5	Low activity Prior to the fracture in the last two weeks, have you considered walking for sport, recreation or fitness?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section-III: The 14-item Health Literacy Scale						
When you read instructions or leaflets from hospitals or pharmacies, how do you agree or disagree about the following?						
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1	I find characters that I cannot read					
2	The print is too small for me (even though I can wear glasses)					
3	The content is too difficult for me					
4	It takes long time to read them					
5	I need someone to help me read them					
If you are diagnosed as having a disease and you have little information about the disease and its treatment, how do you agree or disagree about the following?						
6	I collect information from various sources					
7	I extract the information I want					
8	I understand the obtained information					
9	I tell my opinion about my illness to my doctor, family or friends					
10	I apply the obtained information to my daily life					
If you are diagnosed as having a disease and you can obtain information about the disease and its treatment, how do you agree or disagree about the following?						
11	I consider whether the information is applicable to me					
12	I consider whether the information is credible					
13	I consider whether the information is valid and reliable					
14	I collect information to make my healthcare decisions					



Appendix-1: Survey Questionnaire

Section-IV: electronic Health Literacy Scale						
I would like to ask you for your opinion and about your experience using the Internet for health information. For each statement, tell me which response best reflects your opinion and experience right now.						
		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	I know what health resources are available on the Internet					
2	I know where to find helpful health resources on the Internet					
3	I know how to find helpful health resources on the Internet					
4	I know how to use the Internet to answer my questions about health					
5	I know how to use the health information I find on the Internet to help me					
6	I have the skills I need to evaluate the health resources I find on the Internet					
7	I can tell high quality health resources from low quality health resources on the Internet					
8	I feel confident in using information from the Internet to make health decisions					

Section-V: Hospital admission data		
1	Side of hip fracture	Right <input type="checkbox"/> Left <input type="checkbox"/>
2	Fracture type	Intracapsular undisplaced <input type="checkbox"/> Intracapsular displaced <input type="checkbox"/> Intertrochanteric <input type="checkbox"/> Subtrochanteric <input type="checkbox"/> Other <input type="checkbox"/> If other, Please specify _____
3	Pre-fracture residence	Home <input type="checkbox"/> Institution <input type="checkbox"/> Acute care <input type="checkbox"/> Unknown <input type="checkbox"/>
4	Pre-fracture mobility	Freely mobile without aids <input type="checkbox"/> Mobile outdoors with one aid <input type="checkbox"/> Mobile outdoors with two aids or frame <input type="checkbox"/>



Appendix-1: Survey Questionnaire

		Some indoor mobility but never goes outside without help <input type="checkbox"/> No functional mobility <input type="checkbox"/> Unknown <input type="checkbox"/>
5	ASA grade	Normal healthy individual <input type="checkbox"/> Mild systemic disease that does not limit activity <input type="checkbox"/> Severe systemic disease that limits activity but is not incapacitating <input type="checkbox"/> Incapacitating systemic disease which is constantly life threatening <input type="checkbox"/> Moribund- not expected to survive 24 hours with or without surgery <input type="checkbox"/> Unknown <input type="checkbox"/>
6	Pre-fracture bone protection medication	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Date of admission to orthopaedic care	____/____/____
8	Operation performed	No operation performed <input type="checkbox"/> Cannulated screws <input type="checkbox"/> Sliding hip screw <input type="checkbox"/> Intra-medullary nail <input type="checkbox"/> Hemi-arthoplasty <input type="checkbox"/> Total hip replacement <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify _____
9	Date of surgery	____/____/____
10	Pressure ulcers	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Physician/Geriatrician involvement	Physician <input type="checkbox"/> Geriatrician <input type="checkbox"/> Not seen <input type="checkbox"/>
12	First day mobilisation	Yes <input type="checkbox"/> No <input type="checkbox"/> No operation performed <input type="checkbox"/>
13	Discharge destination	Home <input type="checkbox"/> Institution <input type="checkbox"/> Acute care <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <input type="checkbox"/>
14	Date of discharge	____/____/____
15	Length of stay (days)	
16	Bone protection medication at discharge	Commenced <input type="checkbox"/> Continued <input type="checkbox"/> Discontinued <input type="checkbox"/>