

## Data Sharing Statement

<b>Article Info</b>	n/a (editor will fill in this)	
<b>Item</b>	<b>Question</b>	<b>Authors' Response (place "-" if not applicable)</b>
1	Would you like to share data collected for your study to others?	No
2	If not, would you like to share the reason for your decision?	Data from this study includes protected health information and cannot be shared
3	What data in particular will be shared?	–
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	The study protocol and informed consent form can be shared.
5	When will data availability begin?	Immediately
6	When will data availability end?	–
7	To whom will you share the data?	Researchers in injury recovery, trauma, and mobile health.
8	For what type of analysis or purpose?	–
9	How or where can the data/documents be obtained?	The study protocol and informed consent form can be obtained by contacting the study PI and corresponding author.
10	Any other restrictions?	Data sharing will be at the discretion of the Study PI and corresponding author.