

INJURY RELATED REPORT

Place: Where were you when you were injured?					
Home	School	Work	Other	Road	Unknown
Activity: What were you doing when you were injured?					
Work	Education	Sport	Work	Traveling	Other
Mechanism: How were you hurt? Or How was the injury inflicted?					
Traffic injury	Sexual Assault	Fall	Blunt Force	Stab/Cut	Gun Shot
Fire, Heat	Choking,	Drowning	Poisoning	Other	Unknown
Nature of Injury					
Fracture	Sprain Strain	Cut, bite, open wound	Bruise	Burn	Concussion
Organ system injury	Other	Unknown	Organ system injury		