

Pre-hospital

Record ID	<div></div>
Date and time of injury	<div></div> <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"/> Not known</div><div><input type="radio"/> Others</div></div> <div>(Source: Medical record of interview)</div>
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>