

# Copenhagen E-scooter survey

\*Required

**Initials, reviewer \***

**Medical record number \***

**Type of scooter \***

- Manual
- Electric
- Not scooter

**Patient \***

- Tourist
- Citizen
- Child / Young (0-14)
- Adult (15-100)
- Rider
- passenger
- Non-rider

**Mechanism of injury - rider**

- Fall, no details
- Collision with an object

- Hit by vehicle or moving object

### **Mechanism of injury - non-rider**

- Hit by scooter
- Tripped over scooter
- Other

### **Helmet use \***

- Wearing a helmet
- No helmet
- Unknown

### **Drug or alcohol intoxication \***

- Yes - drugs
- Yes - alcohol
- Yes - Unknown
- No

### **Acuity \***

- 1 Most concerning
- 2
- 3
- 4
- 5 Least concerning

### **Injury characteristics \***

- Any fracture
- Upper extremity - Distal

- Upper extremity - Proximal
- Lower extremity - Distal
- Lower extremity - Proximal
- Facial
- Vertebral column
- Thoracic
- Head injury - Minor
- Head injury - Intracranial hemorrhage
- Contusions, sprains, and lacerations with no fracture or head injury
- Dislocation - Minor
- Dislocation - Major
- Lacerations
- No injuries

**Police involved \***

- Yes
- No
- Unknown

**Referral \***

- AE
- AMBULANCE
- SELFCARE

GP (next day)

### Comments

