

1. **Do you have an injury?** Yes (proceed); No (stop CMST)
2. **Was someone trying to hurt you?** Yes (proceed); No (stop CMST)
3. **How were you hurt?** [select all that apply]

Assault Method:

- Punched/slapped, kicked, head-butted, bitten, pushed, other

Weapon:

- Glass, bottle, knife, other bladed or sharp object, any blunt object, firearm, explosive, other weapon

Unknown:

- Patient does not know/refuses to say, patient unconscious/dead

4. **When were you hurt?** [fill in the blank]

- Date and time of injury

5. **Where did the injury happen?** [fill in the blank]

- Address
- Business name, street address, intersection, city
- State: Georgia or other [select]
- Location description