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-butt, 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