

MAJOR TRAUMA ASSOCIATED WITH E-MOBILITY DEVICES REQUIRING HOSPITALISATION ONE-OFF SURVEY Australian Paediatric Surveillance Unit Please contact APSU at email SCHN-APSU@health.nsw.gov.au if you have any questions about this form		APSU Office Use Only	
<i>Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.</i> <i>Please use your hospital EMR records to supplement your knowledge of the case</i>		Study ID #:	
		Version 1.0_19.08.2026	

Please provide details of each child you saw between 1 January and 30 June 2026 who was admitted to hospital with major trauma/injury associated with an e-mobility device.

REPORTING CLINICIAN'S DETAILS

1. APSU Dr Code/Name: _____ / _____

2. Date questionnaire completed: _____ / _____ / _____ (dd/mm/yyyy)

3. Please provide your best organisational email address: _____

PATIENT DETAILS

4. First 2 letters of first name: _____

5. First 2 letters of surname: _____

6. Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

7. Sex:
☐ Male
☐ Female
☐ Don't know

8. Postcode of family: _____

9. Child's ethnicity:
☐ Indigenous
☐ Non-Indigenous
☐ Don't know

DETAILS OF MAJOR TRAUMA/INJURY

10. In which state or territory did the injury occur?
☐ ACT ☐ NSW ☐ NT ☐ QLD
☐ SA ☐ TAS ☐ VIC ☐ WA

11. Which hospital was the patient admitted to? _____

12. Date of admission to hospital: _____ / _____ / _____ (dd/mm/yyyy)

13. Total length of stay in hospital (days): _____

14. ICU admission?
☐ Yes – please specify length of stay in ICU (days): _____
☐ No

15. Mechanism of injury:
☐ Fall
☐ Collision with stationary vehicle
☐ Collision with moving vehicle
☐ Collision with pedestrian
☐ Crash with other object (please specify): _____
☐ Don't know

16. What type(s) of injury was present? (please tick all that apply)

☐ Limb fracture	☐ Spinal cord injury
☐ Chest injury	☐ Maxillofacial injury
☐ Abdominal injury	☐ Significant internal bleeding
☐ Pelvic injury	☐ Severe burn
☐ Vascular injury	☐ Other (please specify): _____
☐ Traumatic brain injury	_____

RISK FACTORS FOR INJURY

17. What type of e-mobility device was involved:

- ☐ e-Bike
- ☐ e-Scooter
- ☐ Hoverboard
- ☐ e-Unicycle
- ☐ e-Skateboard
- ☐ Other (please specify): _____
- ☐ Don't know

If E-bike, please indicate type (if known):

- ☐ Power-assisted pedal cycle/electrically power-assisted cycle (*battery cuts out when speed reaches 25km/hr*)
- ☐ Petrol-powered bicycles (*non-pedal, capable of speeds up to 60km/hr*)
- ☐ Don't know

18. Was a helmet worn at time of the injury?

- ☐ Yes
- ☐ No
- ☐ Don't know

19. Was the patient the:

- ☐ Rider
- ☐ Passenger
- ☐ Pedestrian
- ☐ Other (please specify): _____
- ☐ Don't know

TREATMENT/MANAGEMENT IN HOSPITAL

20. Investigations in hospital:

- ☐ X-Ray
- ☐ CT scan
- ☐ Ultrasound
- ☐ MRI
- ☐ Other (please specify): _____

21. Did the patient require surgery?

- ☐ Yes
- ☐ No

If yes, please specify any major procedure(s)

Number: _____
Details: _____

OUTCOME AT DISCHARGE

22. Did the patient survive?

- ☐ Yes
- ☐ No – date of death: ____ / ____ / ____ (dd/mm/yyyy)
(please go to Question 24)

23. Will the patient have ongoing disability(s) following this injury at discharge

24. Other relevant information/comments:

Thank you for your help with this research project.

Please return this case report form to the APSU via email to SCHN-APSU@health.nsw.gov.au
or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145
- even if you don't complete all items.

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Sydney Medical School, The University of Sydney.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.