



2010 Helmet Survey

Name of Observer _____

Location of Observation _____
(Name of Street, or Park, and City)

Date of Observation _____ (Between May
 and the 30th of June 2010)

(Complete 1 sheet for each time you observe; complete additional sheet for each hour) Feel free to copy the survey)

Adult*	Child
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	Helmet		No Helmet		Helmet	No Helmet
	Recreation	Transportation	Recreation	Transportation		
Bike						
Roller Blades						
Skate Board						
Other						
Totals						

Enter a mark for each observation; draw a line through each group of five.
 *Please indicate whether riders appear to be riding for recreational purposes
 or as a means of transportation. Please try to make a distinction

The Brain Injury Association of Windsor and Essex County thanks you for
 your participation. ***Brain Injury can hurt forever and Prevention is the
 only cure.*** Your participation is of great help. Return to distribution area or
 mail to 2528 Kildare Road, Windsor, Ontario, N8W 2Y5, or to the Chrysalis
 Day Club, 200-201 West Grand Blvd, Windsor, Ontario; or fax 519 258-5605
 call first. Or call 519-982-5512 for faxed or email copies to
 nnicholson@cogeco.ca. *Please note any observations on the reverse.*