

**CANADIAN RED CROSS
NATIONAL DROWNING REPORT**

**2001 VISUAL SURVEILLANCE REPORT – AN ANALYSIS OF THE CIRCUMSTANCES OF DROWNINGS
AND OTHER WATER-RELATED INJURY FATALITIES IN CANADA FOR 1999**

FEEDBACK FORM

The Canadian Red Cross Water Safety Services would appreciate receiving your feedback regarding the National Drowning Report. Any feedback you can provide will assist us in our future research and in reporting the findings.

CONTENT	YES	NO	COMMENTS
A. Were the following topics useful? (Check as many as apply)			
1. Overview of Drownings and Other Water-Related Injury Fatalities, & of Hospitalisations for Near Drownings			
2. Drownings & Other Water-Related Injury Fatalities during Boating			
3. Drownings & Other Injury Fatalities during Swimming & Other Aquatic Activities			
4. Drownings & Other Injury Fatalities during Bathing			
5. Non-Aquatic Drownings & Other Injury Fatalities involving Falls into Water			
6. Special High-Risk Environments & Population Subgroups for Drowning			
7. Drownings & Other Water-Related Injury Fatalities during Land & Air Transport			
8. Discussion & Recommendations			
8.1 Overview of Surveillance Findings for 1999 and Trends during 1991-1999			
8.2 Implementing Prevention of Drownings: Key Recommendations for 2001 and Beyond			
B. Were the recommendations appropriate?			



PRESENTATION OF THE REPORT	YES	NO	COMMENTS
C. Was the information well-presented?			
1. Writing			
2. Level of detail			
3. Layout			
4. Figures (i.e. graphics, tables & annexes)			
5. Amount of text vs figures			
COMMENTS:			

Recipient Profile

In order to determine who can most benefit from our research, we would like some information about your organization.



Name of organization (optional):
Address (optional):
Field(s) of operation: <input type="checkbox"/> injury prevention <input type="checkbox"/> water safety <input type="checkbox"/> sports/leisure/recreation <input type="checkbox"/> safety promotion <input type="checkbox"/> enforcement <input type="checkbox"/> search & rescue <input type="checkbox"/> other (please specify) _____
Does your organization focus on any specific groups? <input type="checkbox"/> children <input type="checkbox"/> fishers <input type="checkbox"/> swimmers <input type="checkbox"/> boaters <input type="checkbox"/> Aboriginal peoples <input type="checkbox"/> other (please specify) _____

Please return completed form to:

The Canadian Red Cross Society
 Attention: Water Safety Services
 170 Metcalfe Street, Suite 300, Ottawa, Ontario K2P 2P2
 Telephone: (613) 740-1900 Fax: (613) 740-1911

Thank you!