18622

To be completed by:
- Each potential volunteer at baseline prior to unit randomization
- Each replacement volunteer prior to training

P A D

vosite11   **volchk11**

vounit11   **volnum11**

Coordinator: Please put ID label on *after* form is completed.

Potential Volunteers of Public Access Defibrillation (PAD) Trial:
Most of these questions are check boxes. Please place an "X" in the box (or boxes) to indicate your answer, like this: **X**
Also, please complete in ink.

1. Date Completed: **date11**

| | / | | / | 2 | 0 | | |

(month)   (day)   (year)

2. Volunteer Demographics:

estage11 hidden variable is checked (value = 1) if estimated.

age11 a) Your Age:

sex11 b) Your Gender: ☐ Male   ☐ Female
1   **0**

c) What do you consider your racial background (optional)? *(Please check **all** that apply)*

white11 ☐ White

black11 ☐ Black

asian11 ☐ Asian / Pacific Islander

native11 ☐ Native American / First Nations

other11 ☐ Other

Note:

Hidden variable nocomp11 = 1 if volunteer did not complete the form.

Extremely Rare

hispan11 d) How would you classify your ethnic background?
☐ Hispanic origin   ☐ Not of Hispanic origin
1   **0**

maritl11 e) What is your current marital status?
☐ Single   ☐ Married/Significant Other(s)
0   **1**

work11 3.   a) What is your current work status? *(Please check the **one** category that best describes your present situation)*

1 ☐ Working full-time for pay   **5** ☐ Homemaker

2 ☐ Working part-time for pay   **6** ☐ Disabled - partially or more

3 ☐ Volunteer full-time   **7** ☐ Retired

4 ☐ Volunteer part-time   **8** ☐ Unemployed

b) If you are employed, what is your usual occupation? **spoccu11**   **(20)** _____

(please print response on the line above)

18622

Date Completed:

| | / | | / | 2 | 0 | | |

(month)   (day)   (year)

Volunteer ID:

Coordinator: Please put ID label
on *after* form is completed.

volrel11 **4. What is your relation to the location that is participating in the study?** *(check one only)*

1 ☐ Supervisor/Manager

2 ☐ Employee

3 ☐ Security

4 ☐ Resident

5 ☐ Other: **sprel11   (30)** _____

educat11 **5. What is the highest level of education that you completed?** *(check one only)*

1 ☐ Less than High School Graduate

2 ☐ High School Graduate or GED

3 ☐ Some College

4 ☐ College Graduate

5 ☐ Post Graduate

drvlic11 **6. Do you have a driver's license?** ☐ Yes   ☐ No
                                                   1   **0**

comptr11 **7. Do you operate a computer?** ☐ Yes   ☐ No
                                                  1   **0**

lang11 **8. What is your native language?**

1 ☐ English

2 ☐ Spanish

3 ☐ French

4 ☐ Other: **splang11   (20)** _____

9. Have you ever aided in an emergency situation or aided a person having a seizure?

	0 **No**	**1** **Yes**	
emgsit11	☐	☐	Emergency Situation
seizur11	☐	☐	Seizure

10. Have you attended any of the following classes within the last 5 years?

	0 **No**	**1** **Yes**	
cpr11	☐	☐	CPR class
fstaid11	☐	☐	First Aid Class
advtrn11	☐	☐	Advanced training (e.g., EMT, first responder)

18622

Volunteer ID:

Coordinator: Please put ID label
on *after* form is completed.

Date Completed:

☐☐ / ☐☐ / 2 0 ☐☐
(month)   (day)   (year)

diedis11 **11.** **Have you ever had a friend or family member who died of heart disease?**

☐ No   ☐ Yes
0   1

diesud11 **12.** **Have you ever had a friend or family member who died suddenly outside of a hospital?**

☐ No   ☐ Yes
0   1

13. **Do you have any of the following physical conditions that may limit your participation as a volunteer?**

	0 No	1 Yes			0 No	1 Yes
bckprb11	☐	☐	Back Problems	**vision11** ☐	☐	Poor Vision (even with corrective lenses)
lngdis11	☐	☐	Serious Lung Disease	**arth11** ☐	☐	Arthritis
hrtdis11	☐	☐	Serious Heart Disease	**othlim11** ☐	☐	Other: **splim11** (30) _____

job11 **14.** **Is your volunteer role in conjunction with your job?**

0 ☐ No

1 ☐ Yes → **Will you receive pay for the time spent in training and retraining?**

pay11
1 ☐ Yes
0 ☐ No
2 ☐ Not Sure

volunt11 **15.** **Are you willing to participate in and be trained for the study?**

0 ☐ No   2 **not at present**

1 ☐ Yes → **Volunteer: Please complete and sign the next page.**

entvol11 **Site:** 1) **What *Entity* is this Volunteer associated with:** ☐☐ - ☐☐☐ - ☐☐☐ ☐
(Site)   (Unit)   (Entity) (Chk)
entsit11   **entunt11** **entnum11** **entchk11**

ranpri11 2) **Was the volunteer aware of randomization assignment before form completion?**
○ Yes   ○ No
1   0

volid11 3) **Assign a Volunteer ID (from the correct unit):**

Volunteer ID:
vosite11   **volchk11**
☐☐ ☐☐☐ ☐☐☐ ☐
Site(2)-Unit(3)-Vol(3)-Chk(1)
vounit11 **volnum11**

Volunteer Acrostic:
☐☐☐☐
volacr11
1st letter of first name plus
1st 3 letters of last name

4) **Remember to put the Volunteer ID label at the top of each page; then mail a copy of pages 1 through 3 to the PAD CTC:** 1107 NE 45th St. Rm 505 Seattle, WA 98105

For Site Use Only

volsgn11 Did the volunteer sign a consent form?
○ Yes   ○ No
1   0

code11
Signature of Coordinator _____   Code Number ☐☐☐

For CTC Use Only
☐ ○ Yes
☐ ○ No   ☐☐☐☐☐

Mail a copy of **pages 1 through 3** *(store page 4 at site)*

Complete this page if:
- **You are willing to participate**
- **This should be attached to and completed with the consent form**

Note: Please complete and sign in ink.

For Site Use Only

Volunteer ID:

Site(2)-Unit(3)-Vol(3)-Chk(1)

The following information will be used only to contact you regarding PAD Trial issues:

Name: _____

Home Address: _____

_____

City: _____ State: _____ Zip: _____

Phone: (___) _____ (___) _____
(Home)   (Work/Other)

FAX: (___) _____

email: _____

Volunteer Signature: _____
(Signature of volunteer filling out this form)

√ **Attach the completed consent form.**

√ **Retain this page at the site. Do not submit this page to the CTC.**