To be completed by:         - Each potential volunteer at baseling prior to unit randomization         18622	ne	Volunteer ID: volid1	e 1 of 4	
Potential Volunteers of Public Access Defibri Most of these questions are check boxes. the box (or boxes) to indicate your answer Also, please complete in ink.	Please place an "X"	vosite11 ' invounit11volu Coordinator: Please p on <i>after</i> form is compl		
date11     /     /     /       1. Date Completed:     (month)     /     /     /				
2. Volunteer Demographics: age11 a) Your Age:	estaueri	n variable is ed (value = 1) if ited.		
sex11 b) Your Gender: 🗌 Male 🔲 Fema 1 0	ale			
c) What do you consider your racial white11	background (optic	onal)? (Please check al	that apply)	
black11 🖸 Black				
asian11 🗌 Asian / Pacific Islander		Note:		
native11  Native American / First Nations		NOCE.		
other11  Other		Hidden variable nocomp11 = 1 if volunteer did not complete the form.		
hispan11 d) How would you classify your ethnic background?				
🗆 Hispanic origin 🛛 🗋 Not of Hisp	Extremely Rare			
maritl11 e) What is your current marital statu				
work11 3. a) What is your current work status?	P (Please check the your present situa		t describes	
1 UWrking full-time for pay	B 🗌 Homemaker			
2 🗌 Working part-time for pay	🛛 🗆 Disabled - partia	ally or more		
3 🗌 Volunteer full-time	Retired			
4 🗆 Volunteer part-time	<sup>3</sup> Unemployed			
b) If you are employed, what is your				
		(please print response on the	line above)	

Please continue on to page 2

_		P	Potential Volunteer
		<b>₩</b> D)	
	18622	Coordinator: Please put	
Date	e Completed:	on <i>after</i> form is co	mpleted.
(mon	th) / (day) / 2 0		
volrel11 4.		he location that is participating	g in the study? (check one only)
	<sup>1</sup> Supervisor/Manager		
	<sup>2</sup> Employee		
	3 🗆 Security		
	4 Resident		
	5 Other: sprei11 (3	30)	
educat11 5.	What is the highest level	of education that you complet	ed? (check one only)
	<sup>1</sup> □ Less than High Scho	ol Graduate	
	<ul> <li><sup>2</sup> High School Graduat</li> </ul>		
	<sup>3</sup> Some College		
	4 College Graduate		
	5 🗌 Post Graduate		
drvlic11 6.	Do you have a driver's lic		
comptr11 7.	Do you operate a compu		
lang11 8.	What is your native langu	1 0 Jage?	
	English		
	<sup>2</sup> Spanish		
	<sup>3</sup> French		
	4 Other: splang11	(20)	
9.	Have you ever aided in a	n emergency situation or aideo	d a person having a seizure?
	<u>No Yes</u>		
emgsi		uation	
seizu	r11 🗌 🗌 Seizure		
10.	Have you attended any o	f the following classes within t	the last 5 years?
cpr	11  CPR class		
fstai	d11 🔲 🔲 First Aid Class	i	
advtr	n11	ning (e.g., EMT, first responder)	

			Pr		Poter	ntial Volunteer	
			ΨĽ	$\mathbf{r}$		page 3 of 4	i
Date	18622 Completed:		Coor		ease put ID label		
		20		on <i>after</i> fo	orm is completed.		
(mont	th) (day)	(year)			L		
diedis11 11.	Have you e	ver had a friend	l or family meml	ber who	died of hear	t disease?	
	□ No	□ Yes					
diesud1112.	-	ver had a friend	l or family meml	ber who	died sudder	nly outside of a hospital?	
		□ Yes					
13.	0 Do vou hav	1 /e any of the fol	lowing physical	conditi	ons that mav	limit your participation	
	as a volunt	•	0	1	,		
h at sol	<u>No</u> Yes		No	<u>Yes</u>		·	
bckprt		Back Problems	vision11		,	en with corrective lenses)	
Ingdi		Serious Lung Dis			thritis		
hrtdi	s11 🗌 🗌	Serious Heart Di	seaseothlim11	∐ Ot	her: splim11	(30)	
job11 14.	ls your volu	unteer role in co	onjunction with	your job	?		
	0 🗌 No						
	1 🗆 Yes—	➤ Will you recei <sup>*</sup>	ve pay for the ti	me spei	nt in training	and retraining?	
		<sup>1</sup> □ Yes					
	<b>pay1</b> 1	1 o 🗆 No					
		2 🗆 Not Sure					
volunt1115.	Are you wi	lling to participa	ate in and be tra	ined for	the study?		
	0	2 not at p	resent		-		
	1 🗆 Yes	→ Volunteer: Pleas	se complete and sig	gn the ne	xt page.		_
	entvol1	1 Site:1) What En	<i>utity</i> is this Volunte	er associ	ated with:		
		, <u> </u>	•		(Site) entsit		 hk11
	rai	npri11 2) Was the		f random	zation assignm	nent before form completion?	
	v	1 volid11 3) Assign a	0 a Volunteer ID (from	n the cori	ect unit):		
			nteer ID:		olunteer Acrosti	7	
			e(2)-Unit(3)-Vol(3)-Chk(1			1st letter of first name plus 1st 3 letters of last name	
			vounit11 volnum11		volacr11	of each nade:	
						CTC: 1107 NE 45th St. Rm 505	
	For Site Use Only	,	code11			Seattle, WA 98105	
volsgn11	Did the voluntee a consent form?	er sign		_	For CTC Use On		-
		_	oordinator Code Nu	mber	O No		1
	wan a copy of	pages 1 through 3 (s	store page 4 at site)		ΡΟΤΥΟ	DL version 02.00 12/21/00	

Complete this page if: - You are willing to participate - This should be attached to and	Potential Volunteer page 4 of 4
completed with the consent form	For Site Use Only Volunteer ID:
Note: Please complete and sign in ink.	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)			
FAX:	( )	_		
email:				
Volunteer Signature:	(Signature of volunteer filling out th	is form)		
	(- )			
Attach the completed consent form.				
$\sqrt{}$ Retain this page at the site. Do not submit this page to the CTC.				