



58284

Complete this form:  
- At Baseline  
(complete a separate form for each study unit)



# Unit Characteristics

page 1 of 1

1. Date Completed: **date05**

Month/Day/Year grid

2. EMS ID Serving this Unit: **emsid05**

Site-FMS-Chk grid

Unit ID: **unitid05**

Site-Unit-Chk grid with labels **untsit05**, **untnum05**, **untchk05**

**emssit05** **emsnum05** **emschk05**

3. Unique Unit Name: **untnam05**

20-character name grid

4. Total Number of Presumed Cardiac Arrests in the past (4) Years: **npca05**

2-digit npca05 grid

in the last **pcayrs05** years

1-digit pcayrs05 grid

Information Determined by: (check one only)

**cainfo05**  Site Records  EMS records

1 2 selection

(should be 4 or as close to 4 as possible)

Cannot Obtain Cardiac Arrest Numbers:  Number of Cardiac Arrests is unobtainable

**pcaunk05**

5. Unit is Primarily: (check one only) **type05**

**1**  Residential

**0**  Public

6. Number of Distinct Geographic Entities in this Unit: **nument05**

1-digit nument05 grid

→ Complete an Entity Characteristics Form for each entity.

7. Does this unit have a match? **match05**

**1**  Yes → Unit ID: **matsit05**

Match ID grid

**matchk05**

**0**  No **matid05**

8. For each unit, attach a map (no larger than 8-1/2 by 11) displaying the geographic location/boundaries of all entities in the unit. The boundaries should include streets, sidewalks, parking, and grounds, if needed. Please write the Unit ID on the map.



When items 1 through 8 are complete, sign the form and mail it to the CTC

Randomization Sections: (The CTC will let you know when the unit is randomized and provide you with the information for the sections below)

9. Unit Randomization Date: **dtrand05**

Month/Day/Year grid

Randomization Assignment: **cpraed05**

CPR only  CPR + AED

1 2 selection

After completing Item 9 with information from the CTC, please FAX the form to the CTC for verification.

10. Retraining Interval Randomization Date: **drint05**

Month/Day/Year grid

Randomization Assignment: **retint05**

6 month  9 month  12 month  15 month

1 2 3 4 selection

After completing Item 10 with information from the CTC, please FAX the form to the CTC for verification.

**code05**

2-digit code05 grid

For CTC Use Only

Yes/No grid

Signature of person filling out this form

Code Number

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