



18622

To be completed by:

- Each potential volunteer at baseline prior to unit randomization
- Each replacement volunteer prior to training



# Potential Volunteer

page 1 of 4

Volunteer ID: **valid11**

**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:   
 Also, please complete in ink.

**date11**

1. Date Completed:

/   /  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

**hispan11**

d) How would you classify your ethnic background?

Hispanic origin  Not of Hispanic origin

1 0

**marit11**

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)

Note:

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

Extremely Rare



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Date Completed:

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

**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 1**  
**No Yes**

**emgsit11**   Emergency Situation

**seizur11**   Seizure

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

**0 1**  
**No Yes**

**cpr11**   CPR class

**fstaid11**   First Aid Class

**advtrn11**   Advanced training (e.g., EMT, first responder)



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18622

Date Completed:

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

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

**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 1  
No Yes

0 1  
No 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?

1  Yes

**pay11** 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

**valid11** 3) Assign a Volunteer ID (from the correct unit):

Volunteer ID:

Volunteer Acrostic:

**vosite11 volchk11**

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

**vounit11 volnum11**

1st letter of first name plus  
1st 3 letters of last name

**volacr11**

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

**code11**

**volsgn11**

Did the volunteer sign a consent form?

Yes  No

Signature of Coordinator

Code Number

For CTC Use Only

Yes  
 No

1 0  
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



# Potential Volunteer

page 4 of 4

For Site Use Only

Volunteer ID:

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

**Note: Please complete and sign in ink.**

*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.**