Participant - Country / Region: _____

Pat. ID: _____

A1. cardiac arrest confirmed?   01 yes ◯   02 no ◯   99 unknown ◯   00 not recorded ◯

A2. CPR attempted (by anybody)?   01 yes ◯   02 no ◯   99 unknown ◯   00 not recorded ◯

A3. Who started CPR?   01 person there by chance ("true" bystander) ◯   02 Person sent to help ◯
03 EMS ◯   99 unknown ◯   00 not recorded ◯

A4. CPR provided by EMS?   01 yes ◯   02 no ◯   99 unknown ◯   00 not recorded ◯

A5. time of CPR started by EMS (hh:mm:ss)   ___ : ___ : ___

A6. CPR not attempted by EMS? *(if CPR **is** attempted by EMS, please skip question A6.)*
01 died earlier ◯   02 DNAR ◯   03 wish family ◯   04 wish doctor ◯
05 successful ICD-shock ◯   06 signs of life ◯   99 unknown ◯   00 not recorded ◯

B1. pat. age (years)   _____ years

B2. pat. gender   01 male ◯   02 female ◯   03 other ◯   99 unknown ◯   00 not recorded ◯

B3. date of cardiac arrest (YYYY.MM.DD)   _____ . ___ . ___

B4. time of cardiac arrest (hh:mm:ss)   ___ : ___ : ___

B5. time of call received at dispatch center (hh:mm:ss)   ___ : ___ : ___

B6. time on scene (hh:mm:ss)   ___ : ___ : ___

C1. aetiology of cardiac arrest
01 cardiac ◯   02 trauma ◯   03 submersion ◯   04 respiratory ◯
11 other non-cardiac ◯   99 unknown (presumed cardiac) ◯   00 not recorded ◯

C2. aetiology of cardiac arrest *(comparator version – the similarity to question C1 above is intended; nevertheless please fill in both questions C1 and C2)*
01 medical ◯   02 trauma ◯   03 drowning ◯   05 drug overdose ◯   13 electrocution ◯
14 asphyxia (external cause) ◯
99 unknown ◯   00 not recorded ◯

C3. place of cardiac arrest
01 residence ◯   03 work/office ◯   11 sport facility ◯   05 street ◯
06 public building ◯   02 long-term-care ◯   98 other ◯
99 unknown ◯   00 not recorded ◯

Pat. ID: _____

D1. dispatch: telephone-CPR?   01 yes ◯   02 no ◯   99 unknown ◯   00 not recorded ◯

D2. time of start telephone-CPR (hh:mm:ss)   ___ : ___ : ___

D3. collapse witnessed?   01 yes, bystander ◯ | 03 yes, EMS ◯ → *continue with E1.* |
                           | 04 yes, person sent to help ◯ → *continue with E1.* |
                           02 no ◯   99 unknown ◯   00 not recorded ◯

D4. type of bystander CPR?   01 no CPR ◯   99 unknown ◯   00 not recorded ◯
                              any bystander CPR ◯
                                         ↓
          | *if bystander CPR:* 03 full CPR ◯   04 CCO CPR ◯   02 unknown ◯ |

D5. age of bystander (years)   _____ years

D6. gender of bystander   01 male ◯   02 female ◯   03 other ◯   99 unknown ◯   00 not recorded ◯

D7. time CPR started by bystander (hh:mm:ss)   ___ : ___ : ___

E1. A person was sent to help. Did she/he provide CPR? *(if no person was sent to help, continue with F1.)*
                           01 no ◯   99 unknown ◯   00 not recorded ◯
                           any CPR by person sent to help ◯
                                         ↓
          | *if CPR by person sent to help:* 03 full CPR ◯   04 CCO CPR ◯   02 unknown ◯ |

E2. Specification of person sent to help by dispatch center:
                           01 person without specific training ◯
                           02 person with BLS-training ◯
                           03 firefighter ◯
                           04 off-duty healthcare professionals ◯
                           05 police ◯
                           06 others ◯
                           99 unknown ◯   00 not recorded ◯

E3. time CPR started by person sent to help (hh:mm:ss) ___ : ___ : ___

Pat. ID: _____

F1. first recorded rhythm
$_{01}$ shockable ◯ $_{02}$ not shockable ◯
$_{99}$ unknown ◯ $_{00}$ not recorded ◯

F2. AED connected before EMS arrival with or without shocks?
$_{01}$ yes ◯ $_{02}$ no ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

F3. AED shocks before arrival EMS? $_{01}$ yes ◯ $_{02}$ no ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

F4. time of first shock (hh:mm:ss) *(skip question if no shock)* ___ : ___ : ___

F5. First shock from AED or EMS? $_{01}$ AED ◯ $_{03}$ EMS ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯
(skip question if no shock)

G1. any ROSC? $_{01}$ ROSC ◯ $_{02}$ no ROSC ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

G2. time of first ROSC (hh:mm:ss) ___ : ___ : ___

G3. died at scene? $_{01}$ yes ◯ $_{02}$ no ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

G4. if died at scene: time CPR ended (hh:mm:ss) ___ : ___ : ___

G5. time left scene (hh:mm:ss) ___ : ___ : ___

G6. time hospital arrival (hh:mm:ss) ___ : ___ : ___

G7. status of arrival at hospital?
$_{99}$ unknown ◯ $_{00}$ not recorded ◯
$_{01}$ dead ◯ $_{04}$ not applicable: alive, no hospital transport ◯
$_{03}$ transfer with ongoing CPR ◯ $_{02}$ alive, transfer with ROSC ◯

H1. date of hospital discharge (YYYY.MM.DD) _____ . ___ . ___

H2. survival to discharge $_{01}$ yes ◯ $_{02}$ no ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

H3. 30 day survival $_{01}$ yes ◯ $_{02}$ no ◯ $_{99}$ unknown ◯ $_{00}$ not recorded ◯

Please submit this data sheet to your national coordinator until: ____. ____. 20____

Address of national coordinator:

Thank you for your collaboration.