

Score chart

number:

Check:

Assessment of consciousness:

- ☐ Not checked
- ☐ Spoke to or touched person
- ☐ Spoke to and touched person

Assessment of airway obstruction:

- ☐ Not checked
- ☐ Checked, but not correctly
- ☐ Correctly checked

Assessment of breathing

- ☐ Not checked
- ☐ 1 out of look, listen, feel
- ☐ 2 out of look, listen, feel
- ☐ 3 out of look, listen, feel

Call:

- ☐ No call for help
- ☐ Called for help
- ☐ Called 112 or let someone else call 112
- ☐ Called 112 or let someone else call 112 and called for help

Chest compression:

Body position:

- ☐ Not correct
- ☐ Correct

Arms hold straight?

- ☐ Not correct
- ☐ Correct

Time measurement:

|                             | Time |
|-----------------------------|------|
| Start of check of breathing |      |
| End of check of breathing   |      |
| Call for help               |      |
| First chest compression     |      |

Participants of facultative and mandatory group:

App used?

- ☐ No
- ☐ Yes

App worked without problems?

- ☐ No
- ☐ Yes

If the participant didn't do chest compressions:

What's the participant doing?