

Supplementary File S1: Data collection tools used by device manufacturers

Table S1. LifeVac © online use reporting form data fields (16).

Text Field	Description Provided (if any)	Type of response
Date of Incident		Date entry
Location of Incident		Free text
Patient	Name of patient	Free text
Any known medical conditions		Free text
Object that created the blockage		Free text
Partial or total blockage? (if known)		Free text
Was the Heimlich maneuver / back blows performed?		Yes or No choice
Was patient conscious at time of device use?		Yes or No choice
Number of times LifeVac was used? (Place, Push, Pulled)		Free text
Outcome		Free text
Do you feel LifeVac saved the life of the person choking?		Free text
Your contact information to receive free LifeVac*	Name, phone, email address	Free text
Your Address	The user's address	Free text
How did you hear about LifeVac?		Free text

Table S2. LifeVac © clinical evaluation report data fields.

Date
Location
Patient age / sex
Medical conditions
Nature / type of blockage (if known)
Partial or total blockage (if known)
BLS protocol first followed?
Patient conscious at time of device use?
Position of patient when LifeVac applied?
Number of uses of LifeVac attempted?
Hazard successfully dislodged with LifeVac?
Duration of patient choking until recovery?
Outcome
Did patient receive medical examination afterwards due to BLS being performed?
What complications were found, if any, from examination?

Supplementary File S2 – Standardized reporting tool used by researchers for data extraction

Data Field or Question	Response Type	Answer choices (if applicable)
Assigned Number (by LifeVac LLC or DeChoker LLC)	Numerical	
Age	Numerical	
Date of Incident	Free – text	
Gender	Multiple choice	Male, female, other, not recorded
Geographical location of FBAO	Multiple choice	Home, school/daycare, long term care/nursing home, other, not recorded
Medical comorbidities	Free – text	
Types of medical comorbidities	Multiple choice	Cardiac, respiratory, physical disability, neurocognitive disorder, other
History of dysphagia / chewing / aspiration difficulty	Multiple choice	Yes, no, not recorded
Wheelchair use	Multiple choice	Yes, no, not recorded
Foreign body description	Free – text	
Foreign body type	Multiple choice	Food, toy, other
Degree of obstruction	Multiple choice	Mild (partial, incomplete), severe (complete), not recorded
Data provided in report that supports degree of obstruction	Free - text	
Level of consciousness of patient	Multiple choice	Alert, altered, unresponsive, not recorded
Duration (approximate) of FBAO	Numeric	
Were traditional techniques used before or after ACD use?	Multiple choice	Yes, no, not recorded
Description of non-ACD interventions (what technique, how many, before or after)	Free – text	
Traditional techniques used pre-ACD (Select all that apply)	Multiple choice	Abdominal thrusts, back blows, chest compressions / thrusts, finger sweep, other, none

CPR performed before or after ACD	Multiple choice	Yes, no, not recorded
Description of ACD user	Free – text	
Training of ACD user	Multiple choice	Healthcare worker, first aid trained, no first aid training, not recorded
Number of ACD attempts (one push/pull cycle = one attempt)	Numerical	
Patient position when ACD used	Free – text	
Did ACD relieve the FBAO?	Multiple choice	Yes, no, not recorded
If the ACD did not relieve the FBAO, what did?	Free – text	
Did the patient survive?	Multiple choice	Yes, no, not recorded
Was EMS called?	Multiple choice	Yes, no, not recorded
Did the patient go to the hospital?	Multiple choice	Yes, no, not recorded
Was the patient admitted to hospital?	Multiple choice	Yes, no, not recorded
Were there any adverse events?	Multiple choice	Yes, no, not recorded
Describe the adverse events.	Free – text	
Summarize the details of the incident and outcome	Free – text	