Hyperbaric Treatment Satisfaction Questionnaire

(1) When you completed treatment, how effective did you think hyperbaric oxygen was for your condition?
Not effective at all |-------|-------|-------|-------|-------|-------|-------|-------|-------| Very effective
0 10 20 30 40 50 60 70 80 90 100

Please enter a number score between 0 and 100

(2) How long did you have a benefit from hyperbaric oxygen treatment? (Please check one)

- [ ] No benefit
- [ ] Few weeks
- [ ] Few Months
- [ ] Sustained Benefit
- [ ] Sustained Benefit and Still Improving

(3) My condition now compared to when I started hyperbarics is currently:
Much worse |-------|-------|-------|-------|-------|-------|-------|-------|-------| Much better
0 10 20 30 40 50 60 70 80 90 100

Please enter a number score between 0 and 100

(4) I would recommend hyperbaric treatment to other people with my condition: (Please check one)

- [ ] Definitely Yes
- [ ] Probably Yes
- [ ] Not Sure
- [ ] Probably No
- [ ] Definitely No

Can you say more about why you would or wouldn’t recommend the treatment?

(Continued on back)
If I had to make the choice again to do hyperbaric treatments I would:  (Please check one)

- □ Definitely Decide Yes
- □ Probably Decide Yes
- □ Not Sure
- □ Probably Decide No
- □ Definitely Decide No

Can you say more about why you would or wouldn’t choose the treatment?

Hyperbaric treatment allowed me to return to my usual lifestyle:  (Please check one)

- □ Definitely Yes
- □ Somewhat Yes
- □ Not Sure
- □ Somewhat No
- □ Definitely No

Regarding the timing for my hyperbaric treatment referral:  (Please check one)

- □ I wish I had been referred earlier
- □ I was referred at about the right time
- □ I wish I had tried other treatments first
- □ I wish I not been referred

Is there anything else you would like us to know?