

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) Was your hyperbaric oxygen treatment worth the cost?

Not at all |-----|-----|-----|-----|-----|-----|-----|-----|-----|-----| Very worth the cost
0 10 20 30 40 50 60 70 80 90 100

Please enter a number score between 0 and 100

(3) 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

(4) 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

(5) 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?

(6) 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?

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

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

(8) 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?