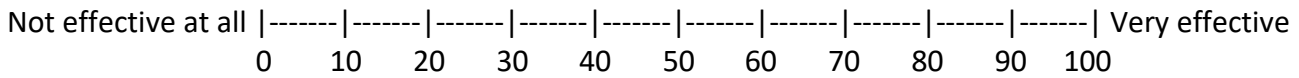


### Hyperbaric Treatment Satisfaction Questionnaire

(1) When you completed treatment, how effective did you think hyperbaric oxygen was for your condition?

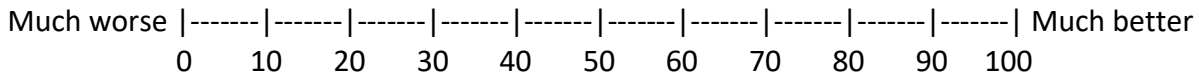


Please enter a number score between 0 and 100

(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:



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?

**(5)** 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?

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

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

**(7)** 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?