

Hyperbaric Visual Change Questionnaire

1. Did you have visual changes during your hyperbaric oxygen treatment?

- Yes
- No
- Don't know

****If **Yes**, please answer questions 2-6.

****If **No** or **Don't know**, please skip to question 6.

2. Was the change in:

- Near vision (your ability to read or see the computer screen got better or worse)
- Distance vision (your ability to see the TV screen or road signs got better or worse)
- Both (near vision and distance vision changed)

3. Did you need to use new or updated corrective lenses (eyeglasses, readers, or contact lenses) because of the visual changes?

- Yes, I had to get new or different corrective lens because of the treatment
- No
- Don't know

If **Yes**,

3a. Are you still using the new or updated corrective lenses?

- Yes
- No
- Don't know

4. Since your last treatment have the visual changes

- Improved
- Gotten Worse
- Did Not Change
- Don't know

5. Is your vision back to where it was when you started treatment?

- Yes
- No
- Don't Know

If **Yes**,

5a. How long after finishing treatment did it take for your vision to return to normal?

_____ weeks.

6. Have you developed cataracts since you stopped treatment?

- Yes
- No
- Don't know