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