You have the floor...

In a desire for continuous improvement, we invite you to share your feelings about your care in our Unit by filling out this survey. This survey will be treated anonymously. Thank you in advance for your participation.

GENERAL INFORMATION

What age group do you belong to?			
☐ Under 18 years old	☐ 18-45 years old	☐ 45-65 years old	☐ Over 65 years old

How did you hear about this treatment?	
☐ Media / Internet	☐ Referring Physician
☐ Word-of-mouth	☐ Home Care Nurse
☐ Specialized hospital service: ……	☐ Other: ……

About hyperbaric therapy:		
Is this the first time you have received such a treatment?	☐ Yes	☐ No
Your admission was made in the following manner:	☐ Urgently	☐ Programmed
How many sessions have you received to date?		
☐ 10 sessions or less	☐ 11 to 30 sessions	☐ 31 to 50 sessions ☐ more than 50 sessions

INFORMATION AND COMMUNICATION

What documents were given to you upon your arrival?
☐ Patient welcome booklet of the establishment
☐ Hyperbaric Medicine Center booklet
☐ Declaration of consent / designation of trustworthy person

What do you think of :	Excellent	Good	Medium	Bad	Very bad	No opinion
♦The quality of the 1st consultation						
♦ Information concerning the interest of the treatment						
♦ Information on how to set up hyperbaric treatment						
♦ Information about the side effects of hyperbaric oxygen therapy						
♦ Clear information about your condition						
♦ The availability of the team						
♦ Listening to the team						
♦ Respect for the rules of confidentiality						
♦ The means of communication in the hyperbaric chamber						

I have been informed of the following hyperbaric risks:	
☐ Ear pain	☐ Transient decrease in vision (myopia)
☐ Convulsive seizure (hyperoxic seizure)	☐ Fire

CARE

During your therapy, did you experience the following problems?	If so, how was it managed by the Unit?					
	Excellent	Good	Medium	Bad	Very Bad	No opinion
☐ Pain						
☐ Anxiety						
☐ Fatigue						
☐ Physical discomfort						
☐ Other : ……						
Have you been managed in the unit for a dressing repair?						
☐ Yes						

During hyperbaric treatment:	Never	The 1st time	Sometimes	Always
You have been accompanied by a professional				
You would have liked to be accompanied				

ENVIRONNEMENT

How would you rate:	Excellent	Good	Medium	Bad	Very Bad	No opinion
♦ The comfort of the waiting room						
♦ The architectural configuration						
♦ The level of hygiene of the service						
♦ The hygiene level of the hyperbaric chamber						
♦ The efficiency of internal transportation (if you were hospitalized)						

GLOBAL APPRECIATION OF HYPERBARIC THERAPY

What do you think of :	Excellent	Good	Medium	Bad	Very Bad	No opinion
♦ The quality of the reception						
♦ Quality of care						

Comments and suggestions:

This questionnaire is to be deposited in the dedicated mailbox. Thank you again for your participation!