



How Divers Seek Help and Advice for Signs and Symptoms of Decompression Illness (DCI)

If you have ever experienced any signs and symptoms of DCI please would you take the time to complete this questionnaire to the best of your ability, **Irrespective of whether or not you reported your symptoms to a hyperbaric chamber and were treated.** Please try to complete all the questions if at all possible; you may also use the space at the end of the questionnaire to tell us in your own words any more information you think appropriate. Participation would be a valuable contribution to diving research and help us to make diving safer for you. This is an **anonymous** questionnaire. **All the information you give us will be completely untraceable to you, so we would value your participation in this project.** Thank you for your time and support.

STRICTLY CONFIDENTIAL	
Please circle your answers where appropriate, and <i>where indicated</i> please use your own words to answer the questions.	
If you have had more than one episode of signs and symptoms of DCI please only tell us about <i>the most recent one</i> – Thank you	
1. Date of birth (DOB) and current age	DOB Age
2. Age at the time of your DCI symptoms	
3. Gender	Male Female
4. Training affiliation	BSAC SAA PADI NAUI Other please state
5. How many years had you been diving up to the time of your DCI symptoms	<2 yrs, 2 to 5 yrs, 6 to 10 yrs, >10 yrs
6. Approximate number of dives in the 12 months up to the time of your DCI symptoms	
7. Approximate number of dives in total diving career logged up to the time of your DCI symptoms	
8. Maximum depth ever dived up to the time of your DCI symptoms	
9. When your symptoms started, what did you think had caused them. Please use your own words	

10. What were your symptoms - Please circle any of the symptoms listed	
Upper limb or joint pain Dizziness/disorientation Visual disturbances Inappropriate fatigue/weakness Difficulty in speaking Skin itching/tingling Lower limb or joint pain	Skin Rash Chest pain or breathlessness Partial paralysis Loss of sensation/numbness Problems with thinking, memory or performance Any other symptoms, please detail.....
11. Did you discuss your symptoms with anyone – your partner, your dive buddy, other divers, or a doctor, or no-one	<i>Partner, Dive buddy, Other divers, Doctor, No-one,</i>
12. If you discussed your symptoms with your buddy/other divers what was their attitude Please use your own words	
13. If you did not tell anyone about your symptoms – please tell us why Please use your own words	
14. Did you think your symptoms were serious	<i>Yes, No, Don't know</i>
15. Were you afraid to report your symptoms	<i>Yes, No, Don't know</i>
16. If yes – why Please use your own words	
17. Did you think your symptoms would “go away” on their own	<i>Yes, No, Don't know</i>
18. Did you see the symptoms as “life threatening”	<i>Yes, No, Don't know</i>
19. Did your symptoms prevent you from carrying out your normal tasks	<i>Yes, No, Don't know</i>

<p>20. What thoughts were going through your mind at the time of the signs and symptoms?</p> <p>Please circle any of the statements opposite if they were appropriate.</p> <p>Or tell us in your own words in the space below.</p>	<p><i>I may never be able to dive again</i></p> <p><i>I will be embarrassed calling out the emergency services in case it was a false alarm</i></p> <p><i>I am afraid of going into a recompression chamber</i></p> <p><i>What will my fellow divers say about me</i></p> <p><i>"This isn't happening to me, I didn't do anything wrong on the dive"</i></p>
<p>Please use this space to answer question 20 as appropriate, or tell us in the space provided at the end of the questionnaire</p>	
<p>21. What was the approximate length of time from the end of your dive to your symptoms appearing</p>	<p><i>Within 30 minutes of surfacing</i></p> <p><i>Between 30 minutes and 1 hour of surfacing</i></p> <p><i>More than one hour after surfacing</i></p>
<p>22. Did you or anyone else contact the emergency services, physician, chamber, or no-one</p> <p>If "no-one" please go to question 28, otherwise continue to question 23 and the end of the questionnaire</p>	<p><i>Emergency services, Physician,</i></p> <p><i>Chamber, No-one,</i></p>
<p>23. What was the approximate time from your symptoms appearing to the time the emergency services, physician, or a chamber were contacted</p>	<p><i>< 1 Hour, 1 to 2 hours, 3 to 4 hours, 5 to 6 hours,</i></p> <p><i>7 to 12 hours, >12 hours, >24 hours</i></p>
<p>24. Was your condition physician diagnosed</p>	<p><i>Yes, No,</i></p>
<p>25. If yes, what was the diagnosis</p> <p>Please use your own words</p>	
<p>26. Were you treated in a chamber</p>	<p><i>Yes, No,</i></p>
<p>27. If you were treated in a chamber, were your symptoms resolved by the end of your treatment</p>	<p><i>Yes, No,</i></p>
<p>28. If your symptoms were <i>not</i> resolved, do you have any residual/lasting symptoms or effects</p>	<p><i>Yes, No,</i></p>

29. Had you ever visited a recompression chamber before your signs and symptoms of DCI	Yes, No,
--	-------------

Please be assured all the information you give us will remain anonymous.

Thank you so much for your valuable time and your contribution to diving research.

Questions regarding this questionnaire may be directed to the Research Department at DDRC:

email - research@ddrc.org

or phone DDRC - 01752 209999

For advice on diving related incidents:

phone the Royal Navy Doctor – 07831 151523

or phone DDRC – 01752 209999

DDRC

Hyperbaric Medical Centre

Tamar Science Park

Research Way

Plymouth PL6 8BU

Use this space for more information if appropriate – thank you
--