



# HOTER Patient Satisfaction Survey

Study No.

Please answer all the following questions about the Oxygen Treatment you received **in the Emergency Department**. Try not to consider treatment you got before coming in to the Emergency Department or after you went to a ward in the hospital when answering these questions. This will help us decide the best way to give Oxygen to people in the future.

Please tick the box next to the answer that best expresses how you found the treatment

**1. The Oxygen delivery method in the Emergency Department was comfortable:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**2. My Breathing DID NOT Improve:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**3. The Oxygen dried out my nose or mouth:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**4. My Breathing GOT EASIER:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**5. If I needed Oxygen again I would be HAPPY with this method:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**6. This Oxygen delivery method was WORSE than what I've had before:**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Not Applicable

**7. Please comment on any BAD EFFECTS the Oxygen treatment in the Emergency Department had on you (continue on reverse of this form if required)**

**8. Please comment on any GOOD EFFECTS the Oxygen treatment in the Emergency Department had on you (continue on reverse of this form if required)**

Thank you for taking the time to complete this survey on the Oxygen Treatment you received in the Emergency Department, this will help us decide the best way to give Oxygen to people in the future.