



## Patient Questionnaire



Hospital/Establishment: Dubai Thalassemia Center

Date: \_\_\_\_\_

Age of the patient: \_\_\_\_\_

Participant Number: \_\_\_\_\_

Current Visit Number: ☐ 1

☐ 2

☐ 3

On a scale from 0 to 10, how would you rate your anxiety?

Without VR (SOC): (no anxiety)

0 1 2 3 4 5 6 7 8 9 10

(worst anxiety)

With VR (this session): (no anxiety)

0 1 2 3 4 5 6 7 8 9 10

(worst anxiety)

On a scale from 0 to 10, how would you rate your pain?

Without VR (SOC): (no pain)

0 1 2 3 4 5 6 7 8 9 10

(worst pain)

With VR (this session): (no pain)

0 1 2 3 4 5 6 7 8 9 10

(worst pain)

On a scale from 0 to 10, how would you rate your fatigue?

Without VR (SOC): (no fatigue)

0 1 2 3 4 5 6 7 8 9 10

(worst fatigue)

With VR (this session): (no fatigue)

0 1 2 3 4 5 6 7 8 9 10

(worst fatigue)

On a scale from 0 to 10, how would you rate your boredom?

Without VR (SOC): (no boredom)

0 1 2 3 4 5 6 7 8 9 10

(worst boredom)

With VR (this session): (no boredom)




0 1 2 3 4 5 6 7 8 9 10






(worst boredom)

Recorded Heart Rate: \_\_\_\_\_bpm

Recorded Blood Pressure: \_\_\_\_\_mm/Hg

### Patient Satisfaction

Evaluation criteria	Score				
YOUR EXPERIENCE	 Very dissatisfied	 Dissatisfied	 Neutral	 Satisfied	 Very satisfied
Overall Satisfaction					
Device Comfort					
Overall Safety					
Proposed Environment					

Cardiac Coherence/Breathing Exercise					
Feeling of Relaxation					
RECOMMENDATION	 Strongly disagree	 Disagree	 Neutral	 Agree	 Strongly agree
In this medical context, would you like to repeat this experience?					
Would you recommend this experience to other patients?					
ADDITIONAL COMMENTS:					