



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)  (worst anxiety)
With VR (this session): (no anxiety)  (worst anxiety)

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

Without VR (SOC): (no pain)  (worst pain)
With VR (this session): (no pain)  (worst pain)

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

Without VR (SOC): (no fatigue)  (worst fatigue)
With VR (this session): (no fatigue)  (worst fatigue)

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

Without VR (SOC): (no boredom)  (worst boredom)
With VR (this session): (no boredom)  (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					
In this medical context, would you like to repeat this experience?					
Would you recommend this experience to other patients?					
ADDITIONAL COMMENTS:					