

PROSPECTIVE OBSERVATIONAL STUDY OF DECOMPRESSION SICKNESS IN SCUBA DIVERS WITH PATENT FORAMEN OVALE

BASELINE QUESTIONNAIRE

PFO Closure Study Code (ID): _____
 Current date: _____

Age _____ years Sex: Female Male

Weight _____ lb

Height _____ ft _____ inch

When did you obtain your first certification for diving? (year) _____

Do you hold any other dive certifications:

Nitrox Year of certification _____ or Not certified
 Trimix Year of certification _____ or Not certified
 Cave Year of certification _____ or Not certified
 Rebreather Year of certification _____ or Not certified

How many dives did you do before diagnosis of PFO?

Type of diving	Breathing gas	Number of dives in depth range of		
		<= 100 fsw	101 – 250 fsw	> 250 fsw
Scuba	Air			
	Nitrox			
	Trimix			
CCR	Air			
	Trimix			
TOTAL				

How long did you wait to resume diving after PFO closure?

- a) Months _____ and weeks _____.
- b) Did not resume diving yet

How many dives did you do **after** PFO closure (or after the diagnosis of PFO if you did not undergo the PFO closure)?

Type of diving	Breathing gas	Number of dives < 100 fsw	Number of dives 100-200 fsw	Number of dives >200 fsw
Scuba	Air			
	Nitrox			
	Trimix			
CCR	Air			
	Trimix			
TOTAL				

Do you use dive computer? Yes No

When did you start using dive computers? Year _____

How did you plan your decompression before the PFO closure (or diagnosis of PFO if no closure done)?

- a) Table(s): (list) _____
- b) Dive computer: (model(s)) _____
- c) Both
- d) None

How do you plan your decompression after the PFO closure (or diagnosis of PFO if no closure done)?

- a) Table: _____
- b) Dive computer: (model(s)) _____
- c) Both
- d) None

Did you change anything in how you dive after the PFO closure (or after diagnosis of PFO if no closure done)?

Yes. Please, describe:

No

HISTORY OF DCS SYMPTOMS

Did you ever have symptoms of DCS after dive?

Yes How many times? _____

No

Specifically, did you ever have any of following:

Symptom	YES	NO	How many times?
Unexpected fatigue			
Headache			
Migraine with aura			
Skin itching and rash			
Skin mottling			
Difficulty breathing, choking			
Loss of consciousness			
Loss of vision			
Vertigo			
Pain in joint or muscles			
Swelling of skin			
Breast pain			
Numbness and/or tingling			
Abdominal pain			
Muscular weakness/paralysis			
Inability to urinate			
Confusion, disorientation			
Memory loss			
Loss of balance			
Other, please describe			

Have you ever breathed oxygen at surface after dive to alleviate symptoms?

Yes How many times? _____

No

Did you ever go back underwater to alleviate your symptoms?

Yes How many times? _____

No

Have you ever been treated for DCS in hyperbaric chamber?

Yes For how many hits of DCS? _____

No

Please, describe all DCS hits you remember in their chronological order.

HEALTH HISTORY

1.1 Have you been tested for high blood sugar or diabetes within the past three years?

- Yes
- No
- Don't know / Not sure

1.2 Have you ever been told by a doctor that you have diabetes?

- Yes
- FEMALES: If "Yes, was this only when you were pregnant?"**
- Yes, (female) told only during pregnancy
 - No
 - No, pre-diabetes or borderline diabetes
 - Don't know / Not sure

1.3 Are you now taking insulin?

- Yes
- No

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, check "Yes," "No," or "Not sure."

2.1 (Ever told) you had a heart attack, also called a myocardial infarction?

- Yes
- No
- Don't know / Not sure

2.2 (Ever told) you had angina or coronary heart disease?

- Yes
- No
- Don't know / Not sure

2.3 (Ever told) you had a stroke?

- Yes
- No
- Don't know / Not sure

2.4 Do you take any medication for heart disease?

- None
- Antiarrhythmic drugs
- Other Name of other drugs: _____

2.5 Have you ever had heart surgery?

- Yes
- Describe: _____
- No

2.6 Do you have a pacemaker?

- Yes
- No

3.1 Have you ever been told that you have high blood cholesterol?

- Yes
- No
- Don't know / Not sure

3.2 When was the last time you checked your blood cholesterol?

- Never [skip Q6.A.3 & Q6.A.4]
- <1 year
- >1 year

3.3 What was the total cholesterol (TC) in mg/dl?

- <200
- 200-239
- >240
- not sure/don't know

3.4 What was your high density level cholesterol HDL-C in mg/dl?

- <35
- 35-59
- >60
- not sure/don't know

4.1 Have you ever been told that you have high blood pressure?

- Yes
- No
- Don't know / Not sure

4.2 When was the last time you measured your blood pressure?

- <6 months ago
- 6-12 months ago
- >1 year ago
- Never [Skip Q6.B.3]

4.3 What were the most recent measurements of your blood pressure?

- | Systolic | Diastolic |
|-------------------------------|-----------------------------|
| <input type="radio"/> <130 | <input type="radio"/> <85 |
| <input type="radio"/> 130-139 | <input type="radio"/> 85-89 |
| <input type="radio"/> 140-159 | <input type="radio"/> 90-99 |
| <input type="radio"/> >160 | <input type="radio"/> >100 |

The following questions are about health problems or impairments you may have.

5.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- Yes
- No
- Don't know / Not sure

5.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances.

- Yes
- No
- Don't know / Not sure

6.1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- Yes
- No [Go to next section]
- Don't know / Not sure [Go to next section]

6.2 Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all [Go to next section]
- Don't know / Not sure [Go to next section]

6.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes

No

7.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Yes

No [Go to next section]

Don't know / Not sure [Go to next section]

If Yes,

7.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Days per week

Days in past 30 days

No drinks in past 30 days [Go to next section]

Don't know / Not sure

7.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Number of drinks

None

Don't know / Not sure

7.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

Number of drinks

Don't know / Not sure