

PLEASE COMPLETE

1. Date of incident _____/_____/_____
2. Name of Oxygen Provider _____
3. Contact phone # () _____ Email _____
4. Location of incident _____
5. Reason for giving oxygen _____
6. Date oxygen provided _____
7. Time of surfacing from last dive ____:____
8. Time oxygen started ____:____
9. Symptom onset time ____:____
10. Total time / O₂ delivery ____:____
11. Symptom relief with oxygen
 All Some None
12. Oxygen delivery mode (Check boxes)
 Nasal cannula
 Non-rebreather (mask with bag)
 Mask (no bag)
 Demand valve
 Other (explain) _____
 Don't know

OPTIONAL — Permission for follow-up interview

Name of injured diver _____
Contact phone # () _____ Email _____
Signature _____

Instructions to Use this Oxygen Use Survey Card



Prior to filling out this card, the Oxygen Provider should:

- Ensure proper care for the injured diver. Willingness to answer the questions on this card, or submit to an interview should not be taken into account prior to providing oxygen.
- Answer the 12 questions (see above), read the permission statement (see other side) to the injured diver, and ask if he or she will agree to be contacted for an interview. If yes, have the diver sign the "permission for follow-up interview" section above.

"Time of surfacing from last dive" is the actual time the diver surfaced from the last dive, prior to receiving oxygen first aid.

"Symptom onset time" is the time when the diver first noticed symptoms.

"Time oxygen started" is the actual time you began delivering oxygen first aid to the injured diver.

"Total time / O₂ delivery" is the total time, in minutes or hours that you delivered oxygen first aid to the diver prior to handing the diver over to emergency medical care.



DIVERS ALERT NETWORK
ATTN: RESEARCH DEPT.
6 WEST COLONY PLACE
DURHAM, NC 27705-9815

POSTAGE
REQUIRED

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PERMISSION STATEMENT – *The Oxygen Provider should read this to the injured diver.*

Divers Alert Network® (DAN) is studying the effectiveness of oxygen first aid for scuba diving injuries. We ask you and your Oxygen Provider to complete the brief questionnaire on the back of this postcard to help us in this effort. You do not have to provide contact information if you wish to remain anonymous. If you are willing to provide contact information and to let a DAN medic conduct a follow-up telephone interview with you, please sign the “permission for follow-up interview” section on the attached card. Thank you for your consideration.