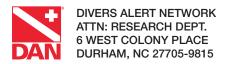
PLEASE COMPLETE 1. Date of incident _____/____ 2. Name of Oxygen Provider_____ 3. Contact phone # ()_____Email____ 4. Location of incident _____ 5. Reason for giving oxygen 6. Date oxygen provided ______ 12. Oxygen delivery mode (Check boxes) ■ Nasal cannula 7. Time of surfacing from last dive ____:___ 8. Time oxygen started ____:_ □ Non-rebreather (mask with bag) ☐ Mask (no bag) 9. Symptom onset time ____:___ □ Demand valve 10. Total time / 0, delivery ____:___ ☐ Other (explain) 11. Symptom relief with oxygen ☐ Don't know □ All □ Some □ None **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 / O_2 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

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.