

UC San Diego

Consent

You are being invited to participate in a research study titled Survey of Decompression Illness in Breath-hold Divers. This study is being done by Elaine Yu and Peter Lindholm from UC San Diego. You were selected to participate in this study because you are a breath-hold diver.

The purpose of this research study is to determine the incidence and management of decompression-related incidents in breath-hold divers. Your participation in this research should last approximately 10 minutes. Your participation in this study is completely voluntary and you can withdraw at any time. Choosing not to participate or withdrawing will result in no penalty or loss of benefits to which you are entitled.

If you have questions about this project or if you have a research-related problem, you may contact the principal investigator Dr. Lindholm at plindholm@health.ucsd.edu. If you have any questions concerning your rights as a

research subject, you may contact the UC San Diego Office of IRB Administration at irb@ucsd.edu or 858-246-4777.

By clicking below, you agree to the following:

- I am at least 18 years old
- I have read the study information
- I consent to be part of this study

I Agree

Background Information

What is your age (in years)?

What is your sex (assigned at birth)?

- Male
- Female

What is your gender (as you identify)?

- Man
- Woman
- Transgender
- Non-binary

Do you have a patent foramen ovale?

- Yes
- No
- I don't know

Do you have any known neurological disease/disorder?

- Epilepsy (or other seizure disorder)
- Previous Stroke
- Previous Spinal Cord Injury
- Other

Have you ever had surgery in any of these areas (please describe)?

- Brain

Neck

Back

How many years have you been practicing and/or participating in breath-hold diving activities?

Which breath-hold diving activities do you participate in?

- Recreational freediving
- Competitive freediving
- Spearfishing
- Underwater hockey or rugby
- Aquathlon
- Underwater target shooting
- Other

Do you have a freediving certification?

Yes

No

Which organization(s)?

- Apnea Academy
- Apnea Total
- Association Internationale pour le Développement de l'Apnée (AIDA)
- Confederation Mondiale des Activites Subaquatiques (CMAS)
- Freediving Instructors International (FII)
- Molchanovs
- National Association of Underwater Instructors (NAUI)
- Performance Freediving International (PFI)
- Professional Association of Diving Instructors (PADI)
- Scuba Schools International (SSI)
- Other

What level?

- Pool
- Basic (up to 10m)
- Intermediate (up to 20m)
- Advanced (up to 30m)
- Master (up to 40m)
- Instructor

- Instructor Trainer
- Competitor
- Safety Diver
- Other

Are you certified in Self Contained Underwater Breathing Apparatus (SCUBA)?

- No
- Yes

Are you familiar with any of the following terms? (Select all that apply.)

- Decompression Sickness (The Bends)
- Decompression Illness (DCI)
- Arterial Gas Embolism (AGE)
- Taravana Syndrome

Do you think you have ever experienced a decompression-related incident?

- Yes

No

How many decompression-related incidents have you had (approximate)?

Number of Reports

How many decompression-related incidents would you like to report?

Decompression Incident Report

Approximate Date of Incident

Type of Dive

- Recreational dive
- Fishing/collecting food
- Scientific/commercial
- Training dive
- Competition dive
- Acting as Safety / Buddy
- Other

What discipline?

- FIM
- CWT
- CWTB
- CNF
- VWT
- NLT
- Other

Did you pack before the dive?

- Yes

No

How many packs (approximate)?

Did you exhale before surfacing?

Yes

No

At what depth (approximate)?

Target depth of dive (meters):

Max depth reached during dive (meters):

Your previous personal best in this discipline (meters):

Dive time (mins:secs)

Did you black out?

- Yes
- No
- I can't remember

Where/when?

- Underwater, before surfacing

- On the surface, shortly after surfacing (ie during recovery breathing)
- On the surface, awhile after surfacing
- Other

What symptoms did you experience? (Select all that apply)

- Weakness/Paralysis: location(s)
- Numbness/Tingling: location(s)
- Vision change: describe
- Hearing change: describe
- Slurred speech
- Confusion/Disorientation
- Impaired coordination
- Fatigue
- Dizziness
- Shortness of breath
- Chest pain
- Rash: location(s)
- Itching: location(s)

Pain: location(s)

Other

Did you receive any first-aid or field treatment? (Select all that apply.)

- None
- Surface oxygen
- In-water recompression
- Hyperbaric oxygen therapy (hyperbaric chamber)
- Other

How long did you breathe oxygen?

What treatment protocol was used (depth/time)?

How many chamber treatments did you receive?

What treatment table(s) was used?

How did this affect your symptoms?

- Completely resolved
- Partially resolved
- Unchanged
- Worsened

Did you contact DAN?

- Yes
- No

Did you seek medical attention (telemedicine or in-person) after the incident?

- Yes
- No

Were you admitted to a hospital or medical facility for treatment?

- Yes
- No

Did you have any imaging or testing done? (Select all that apply.)

- blood draw
- CT scan "cat scan"
- MRI
- Ultrasound "echo"
- Other

What do you think contributed to this decompression incident?

- Depth of dive
- Duration of dive
- Short surface interval from previous dive
- Diving/training beyond personal limit
- Pulmonary barotrauma (squeeze)
- Underlying medical condition (ie patent foramen ovale)
- Equipment problem/failure (describe)
- Emergency situation at depth (describe)
- Other

Contact Information (Optional)

• If you are willing to be contacted by the researchers for a follow-up interview, please enter your phone number and/or e-mail.

Phone number (include country code)

E-mail

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