

# Virtual Reality in the Operating Room: Using Immersive Relaxation as an Adjunct to Anesthesia

## Baseline Survey

Thank you for your participation in our study. We would like to ask you a few questions.

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Have you ever used a VR headset before?

- Never
- Once
- A few times
- Many times

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Have you ever been interested in using a VR headset?

- Yes
- No
- I am unsure.

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I think that VR should be used for patients undergoing hand or wrist surgery.

- True
- False
- Unsure

**Please respond to each item about your surgery by marking one box per row. In the past 7 days....**

	Never	Rarely	Sometimes	Often	Always
I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to focus on anything other than my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My worries overwhelmed me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt uneasy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like I needed help for my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt tense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Baseline Survey - Version Date: 03/20/2019

For Study Staff:

VRHealth Study ID: \_\_\_\_\_

Date and Time of Survey Administration: \_\_\_\_\_ (MM/DD/YYYY) at \_\_\_\_:\_\_\_\_

Person providing responses (circle one):

Patient

Surrogate: \_\_\_\_\_ (relation to patient)

Person recording responses: \_\_\_\_\_

Additional notes (if applicable):

# Virtual Reality in the Operating Room: Using Immersive Relaxation as an Adjunct to Anesthesia

Thank you for your participation in our study. We would like to ask you a few questions about your experience during the study.

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Please indicate which group you were assigned to

Virtual Reality

Control Group

**Please rate your agreement with the following:**

I felt that the VR headset was comfortable. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I enjoyed the selection of VR programs/environments. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

The VR program was easy to use. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

My pain level was controlled during surgery. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I felt relaxed during my procedure. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I felt anxious during my procedure. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I felt nauseated during my procedure. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I remember being aware of how I felt while I was in the operating room for my procedure. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

I would be interested in a VR program if I was going to have another surgery. Strongly Disagree Neutral Strongly Agree  
[ ]  
(Place a mark on the scale above)

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I think that VR should be used for patients undergoing hand or wrist surgery.

True    False    Unsure

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Do you have any suggestions for environments or programs you might be interested in?

\_\_\_\_\_

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Are there any aspects of this study that you would change for future participants?

- Increase the number of relaxation modules  
 Change the type of VR headset used  
 Other

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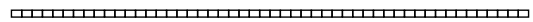
If other, please describe what you might change

\_\_\_\_\_

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Please rate your overall satisfaction with this study.

Strongly Disagree                      Neutral                      Strongly Agree



*(Place a mark on the scale above)*

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Please indicate any other feedback you have for the research team

\_\_\_\_\_

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Patient Satisfaction Survey - Version Date: 03/20/2019

For Study Staff:

VRHealth Study ID: \_\_\_\_\_

Date and Time of Survey Administration: \_\_\_\_\_ (MM/DD/YYYY) at \_\_\_\_: \_\_\_\_

Person providing responses (circle one):

Patient

Surrogate: \_\_\_\_\_ (relation to patient)

Person recording responses: \_\_\_\_\_

Additional notes (if applicable):