Appendix 1. Patient Questionnaire: Diving & Hyperbaric Medicine Lifestyle Medicine Program

Personal Details

URN: _____

Age: _____ Sex (M/F):_____

Postcode where you live: _____

1. Overall, I had benefit from the Lifestyle Medicine Program.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

2. Overall, the Lifestyle Medicine Program was acceptable.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

3. I have a better understanding of how I can improve my health and wellbeing.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

4. I found the nutritional content to be helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

5. I found the physical activity content helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

6. I found the stress management content helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

7. I found the sleep optimisation content helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

8. I found the addressing addictive behaviours content helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

9. I found the enhancing community connection content helpful and relevant.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

10. I found the weekly structure and content of the Lifestyle Medicine Program to be helpful.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

11. I found the weekly newsletters/readings/resources to be helpful.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

12. I found the setting in which the Lifestyle Medicine Program was provided to be appropriate.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

13. I felt that I didn't receive enough information about the program and my role in it before starting the Lifestyle Medicine Program.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

14. I have no regrets about taking part in the Lifestyle Medicine Program.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

15. I felt unsupported and uncomfortable sharing my views and experiences during the education and discussion sessions in the Lifestyle Medicine Program.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

16. I felt unsupported by facilitators.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

17. I would recommend the Lifestyle Medicine Program to other people.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

18. If given the opportunity, I would do more Lifestyle Medicine Programs.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

19. I have made/am making changes in my daily life because of what I learned in the Lifestyle Medicine Program.

Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree ☐

20. Please feel free to provide any feedback here:

Adapted from Food For Thought Questionnaire, 2015, provided through the Tasmanian Health Service's Northern Integrated Care Service (THSNICS) by Dr John Mercer.