

Appendix 2. Staff Questionnaire: Acceptability and Feasibility of the Patient Lifestyle Medicine Program in the DDHM

Please answer the following questions to provide feedback on the Lifestyle Medicine Program. Your responses will remain confidential and will be used to improve the program.

General Information

1. Your role:

- ☐ Physician
- ☐ Nurse
- ☐ Technician
- ☐ Other: _____

2. Were you involved with the program?

☐ Yes ☐ No

Acceptability of the Program

3. How would you rate the overall acceptability of the Lifestyle Medicine Program among staff?

Very acceptable ☐ Acceptable ☐ Neutral ☐ Unacceptable ☐ Very unacceptable ☐

4. To what extent do you believe the program aligns with our organisation's values and mission?

Very aligned ☐ Somewhat aligned ☐ Neutral ☐ Somewhat misaligned ☐ Very misaligned ☐

5. What challenges, if any, have you encountered in promoting the program to patients?

Utility of the Program

6. How effective do you think the program is in addressing patient needs?

Very effective ☐ Effective ☐ Neutral ☐ Ineffective ☐ Very ineffective ☐

A pilot trial of combined HBOT and LM program for multimorbid conditions.

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7. Which components of the program do you find most beneficial for patients?

(Select all that apply)

Nutrition education ☐ Physical activity guidance ☐ Stress management techniques ☐
Sleep hygiene education ☐ Reduction in addictive behaviours ☐ Support for social connections ☐
Other:

8. How likely are you to recommend the program to patients?

Very likely ☐ Likely ☐ Neutral ☐ Unlikely ☐ Very unlikely ☐

Improvement and Feedback

9. What suggestions do you have for improving the Lifestyle Medicine Program?

10. Are there additional resources or training you believe would enhance your ability to support the program?

11. Please provide any other comments or feedback regarding the Lifestyle Medicine Program.

Thank you for your feedback! Your insights are invaluable in helping us improve the Lifestyle Medicine Program for our patients.