

Outpatient NIV Patient Satisfaction Questionnaire:

Please circle the number (from 0 to 10) that best describes your level of acceptance with each of the statements below.

1. Starting non-invasive ventilation (NIV) in the clinic was easy for me.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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2. The information provided to me in the clinic was easy to understand.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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3. My questions in the clinic were satisfactorily answered.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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4. I presently feel safe using the ventilator and mask.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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5. The mask interface I presently have is comfortable.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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6. Professional contact time with me in the clinic was adequate.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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7. Follow up telephone contact was valuable.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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8. Looking back, if needed again, I would likely choose an overnight hospital admission for this training.

Agree	0	1	2	3	4	5	6	7	8	9	10	Disagree
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Any additional comments can be provided below.