

STORM for Divers



Sports Therapy and Orthopaedic Remedial Medicine

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Divers name _____

Divers address _____

Telephone - daytime _____

Telephone - evening _____

Mobile _____

Email _____

Medical terms and abbreviations are explained on page 3 of the questionnaire.

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Injury Report Form & Research Questionnaire

General information

Full name _____
 Occupation _____
 Date of birth (dd/mm/yy) _____
 Age at time of injury _____
 Male Female
 Height _____ cm / ft
 Weight _____ kgs / lbs

Dive History

Are you a certified diver? Yes No
 If yes, year first certified _____
 Certification level _____
 Training organisation _____
 Number of dives in past 12 months _____
 Number of dives in past 5 years _____
 Total number of dives logged _____

Indicate any medications taken at time of dive

Decongestant Antibiotic
 Antihistamine Inhaler for Asthma
 Diarrhoea Oral Asthma Drug
 Sea Sickness Analgesic
 Diuretic Anti-Malarial
 Anti-inflammatory Steroid
 Nutritional Supplements _____
 Other _____

Indicate any current health problems

Headaches RSI
 Asthma Weak Back
 Arthritis Joint/Muscle Pain
 Cramp Muscle Weakness
 Other _____

Indicate any past health problems

Herniated Disc Bone Fracture
 Treated for DCS / AGE Asthma
 Soft Tissue Trauma RSI
 Lung Surgery / Problem Arthritis
 Orthopaedic Surgery/ Problem _____
 Barotrauma _____
 Other _____

Smoking

Do you smoke cigarettes? Yes No
 If yes, how many per day? _____
 How many years have you smoked? _____

For women

Menstruating during dive series Yes No
 Do you take oral contraceptives? Yes No
 Are you pregnant? Yes No
 Are you post-menopausal? Yes No

Hydration levels at time of dive

Actively hydrated (min 1½ litres water per dive)
 Average hydration (2 litres water per day)
 Dehydrated (less than 2 litres water per day)
 Alcohol level (units for the last 24hrs) _____
 Caffeine level (over the last 24hrs) _____

Nutritional sustenance - foods eaten and time ingested up to 3hrs before/after dive

How much sleep/ rest did you have before the dive from which your injury occurred?

On average how often have you exercised during the last year?

Daily 3-5 times/week 1-2 times/week
 1-3 times/month Never

What type of exercise / sport do you normally do?

Where / how were you diving when you were injured?

Ocean / Sea Shore
 Lake/Quarry/River Boat
 Tank / Pool Cavern / Cave
 Dry Chamber Current / Surge
 Salt water Fresh water
 Water temperature _____ Air temperature _____
 Other _____

Kit configuration at time of dive. Include if possible weight of kit, type/model and whether new, old, hired, or borrowed

- BCD _____
- Regulator _____
- Exposure suit _____
- Boots _____
- Gloves _____
- Hood _____
- Weight belt _____
- Weights (inc. drop weights) _____
- Fins _____
- Computer _____
- Reel / Torch _____
- SMB / Safety flag _____
- Camera / Video _____
- Other _____

Dive series (all dives conducted with less than a 48hr surface interval) at time of injury

Location _____
 Total number of dive days _____
 Total number of dives _____
 Maximum depth in dive series _____
 Purpose of dive when injury occurred _____

Did you use a dive computer? _____

Did you plan your dive using :

- Tables Computer Instructor Other

Did you carry out safety stops? _____

Did you carry out any decompression stops? _____

Altitude of dive series _____

Maximum depth of dive from which injury occurred _____

How soon did you kit up before the start of the dive? _____

What type of entry did you make at the start of the dive? _____

What type of exit did you make at the end of the dive? _____

How soon did you remove your kit after the end of the dive? _____

Profile of the dive from which you received your injury _____

Surface interval before flying _____

Notes _____

Breathing apparatus when / after which injury occurred

- Open-circuit scuba Closed-circuit scuba
- Semi-closed scuba Surface supplied
- Other _____

Weight of breathing apparatus _____

Breathing gas when / after which injury occurred

- Air
- Nitrox (EAN) %O₂ _____
- Heliox % _____
- Trimix % _____
- Heliar % _____
- Other _____

Problems during dive when injury occurred

- Out of air Hypothermia / Cold
- Rapid ascent Over exertion
- Nausea Vertigo
- Dizziness Missed deco. stop
- Difficulty breathing
- Kit problem Injury
- Cramp DCI
- Other _____

How did you feel before the dive from which the injury occurred?

Indicate which of the following symptoms you experienced, the time of onset and the severity of each symptom (slight, mild, moderate, severe).

Symptom	Time	Severity
<input type="checkbox"/> Dizziness	_____	_____
<input type="checkbox"/> Disorientation	_____	_____
<input type="checkbox"/> Visual disturbance	_____	_____
<input type="checkbox"/> Joint pain	_____	_____
<input type="checkbox"/> Muscle pain	_____	_____
<input type="checkbox"/> Muscle weakness	_____	_____
<input type="checkbox"/> Headache	_____	_____
<input type="checkbox"/> Cramp	_____	_____
<input type="checkbox"/> Referred pain	_____	_____
<input type="checkbox"/> Night pain	_____	_____
<input type="checkbox"/> Partial paralysis	_____	_____
<input type="checkbox"/> Fatigue	_____	_____
<input type="checkbox"/> Nausea	_____	_____

Paraesthesia - altered skin sensation :

- Numbness _____
- Pins and needles _____
- Burning/heat _____
- Stinging/prickling _____
- Tingling _____
- Other symptoms _____

Did you have any symptoms before the dive from which the injury occurred? _____

