

Palliative Care Institute

Liverpool

APPENDICES**DATA COLLECTION SHEET: Evaluation of the Virtual Reality (VR) intervention (Version 2: 08/08/2018)****Virtual reality in palliative care – a quality improvement test-bed project**

Participant number:

Age: Sex:

Diagnosis:

Reason for VR:

Date of assessment:

Media chosen
Relax VR beach <input type="checkbox"/> Rollercoaster <input type="checkbox"/> Forest of serenity <input type="checkbox"/> Other (please state) <input type="checkbox"/> :
Length of time the equipment was used
0- 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes <input type="checkbox"/> >16 minutes <input type="checkbox"/>
Participant's reaction to VR
Good <input type="checkbox"/> Poor <input type="checkbox"/> Indifferent <input type="checkbox"/>
Please explain:
Problems/complications
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please state:
Other comments:
Questions for the participant
What did you think of the VR experience?
What did you like?
Can you tell me about any part of the VR experience you didn't like?
Would you want to use this again?
On Response - if so/not, what are the reasons for this choice
What could we do differently next time to improve the experience?

PARTICIPANT INFORMATION LEAFLET DATA COLLECTION SHEET: (Version 2: 10/05/2018)