Supplementary Questionnaire 3.

Virtual Reality Headset CLINICIAN Questionnaire

*Please complete this questionnaire **even if the patient had been offered the VR headset as analgesia but declined**. Thank you.*

Date: ___ /___ /___ Clinician Initials: _____ Patient DOB (MM/YY ONLY): ___ /___

1. Name of procedure (*please tick all that apply*):
   - ☐ Diagnostic OPH
   - ☐ OPH + pipelle biopsy
   - ☐ OPH + directed biopsy
   - ☐ OPH + polypectomy
   - ☐ MVA
   - ☐ Mirena Coil insertion/change
   - ☐ Bartholin's abscess drainage/insertion of word catheter
   - ☐ Other (*specify*): _____

2. Did the patient have a friend, carer or relative with them during the procedure?
   - ☐ Yes
   - ☐ No

3. Analgesia given before or during the procedure (*please tick all that apply*):
   - ☐ None
   - ☐ Paracetamol
   - ☐ NSAIDs
   - ☐ Codeine phosphate
   - ☐ Co-codamol
   - ☐ Tramadol
   - ☐ Pethidine
   - ☐ Morphine
   - ☐ Entonox
   - ☐ Intracervical block
   - ☐ Diclofenac
   - ☐ Other (*specify*): _____

4. If the VR headset was offered and declined, what was the main reasons she provided? (*please tick all that apply*)
   - ☐ Thought that it would be uncomfortable
   - ☐ Wanted to see what was going on and not be distracted
   - ☐ Worried about its effects (i.e. how she will feel)
   - ☐ Claustrophobia
   - ☐ Worried about potential side effects