

6. Are you experiencing numbness/tingling in the fingers/hand **after** the surgery?

Always *Often* *Sometimes* *Never*

If your answer is always, often or sometimes, which fingers, or parts of the hand are affected?

.....

7. Did you experience any reduction in sensation in the fingers/hand **before** the surgery?

Always *Often* *Sometimes* *Never*

If your answer is always, often or sometimes, which fingers, or parts of the hand were affected?

.....

8. Do you experience any reduction in sensation in the fingers/hand **after** the surgery?

Always *Often* *Sometimes* *Never*

If your answer is always, often or sometimes, which fingers, or parts of the hand are affected?

.....

9. Did you experience any reduction in grip strength of the hand **before** surgery?

Not at all *Mild* *Moderate* *Pronounced*

10. Do you experience any reduction in grip strength of the hand **today**?

Not at all *Mild* *Moderate* *Pronounced*

11. Did you experience any reduction in the ability to abduct or adduct the fingers **before** surgery?

Not at all *Mild* *Moderate* *Pronounced*

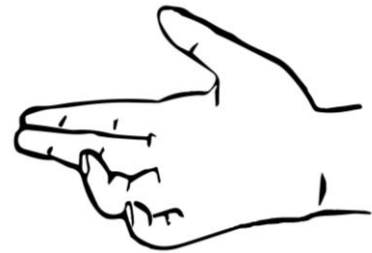
12. Do you experience any reduction in the ability to abduct or adduct the fingers **today**?

Not at all *Mild* *Moderate* *Pronounced*

13. Were you troubled with "claw hand deformity" of the ring finger and little finger **before** surgery? (see picture)

Yes

No



14. Are you troubled with "claw hand deformity" of the ring finger and little finger **today**? (see picture)

Yes

No

15. Did you smoke at the time of the surgery?

Yes

No

16. Did you have any trouble sleeping because of the arm/hand **before** the surgery?

Always

Often

Sometimes

Never

17. Do you have any trouble sleeping **today** because of the arm/hand?

Always

Often

Sometimes

Never

18. Do you have any other disease/injury in another nerve or in the arm, and if so, which one/ones?

.....

19. Do you have any other disease/diagnosis, and if so, which one/ones?

.....

20. Are you taking any drugs regularly, and if so, which one/ones?

.....

21. For how long did you have symptoms before the surgery?

22. Are you pleased with the results of the surgery?

Very pleased *Generally pleased* *A bit displeased* *Very displeased*

Comment (e.g. if you want to express how pleased or displeased you are)

.....

23. Based on what you know today about the surgery and the period afterwards, would go through the same procedure again?

Yes *Not sure* *No*

Comment:.....

.....

Self-reported pain (VAS)

1. Can you estimate your pain by making a mark on the line below?

a) At rest **before** the surgery?

No pain I-----I Worst possible pain

b) During activity **before** the surgery?

No pain I-----I Worst possible pain

c) At rest **after** the surgery?

No pain I-----I Worst possible pain

d) During activity **after** the surgery?

No pain I-----I Worst possible pain