

## Appendix A. Search strategy

Codes provided for Electronic Database Warehouse (EDW) analyst:

Neuroma ICD 9/10 codes:

215.9 - ICD9

d36.10 - ICD10

CPT codes:

64910 - Neuroma excision

64905 - Nerve pedicle transfer

64784 – PR excise major peripheral neuroma

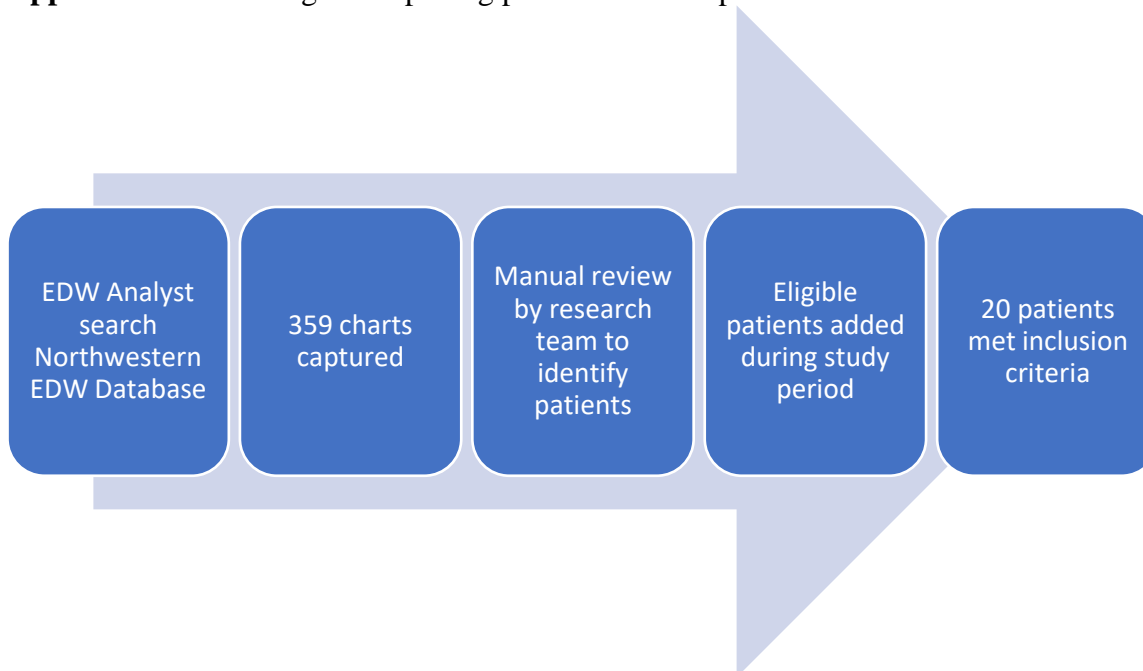
64912 – PR nerve repair with nerve allograft first strand

64999 - PR Nervous system surgery unlisted

## Appendix B. Inclusion criteria

**Inclusion criteria:** Patients age 18-100, surgically treated by Dr. Dumanian at Northwestern Memorial Hospital for abdominal wall neuroma pain between 1/1/2009-1/30/20.

**Appendix C:** Flow diagram depicting patient selection process for the review and final analysis



# Abdominal Wall Neuroma Pain Survey

Thank you for consenting to participate in our study! Please complete the survey below.

Thank you!

	0 (none)	1	2	3	4	5	6	7	8	9	10 (most severe)
1) In the past week, how severe was your WORST abdominal wall pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	0 (none)	1	2	3	4	5	6	7	8	9	10 (most severe)
2) In the past week, how severe was your AVERAGE abdominal wall pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	0 (none)	1	2	3	4	5	6	7	8	9	10 (most severe)
3) What is your current level of abdominal wall pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

	0 (never)	1	2	3	4	5	6	7	8	9	10 (always)
4) In the past week, how often have you felt emotionally upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 (worst)	1	2	3	4	5	6	7	8	9	10 (best)
5) In the past week, how was your sleep quality?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 (none)	1	2	3	4	5	6	7	8	9	10 (most severe)
6) How much does your abdominal wall pain interfere with your ability to do the physical activities of daily living and of enjoyment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

7) Please enter the medication name, dosage, and times/day of each medication you are taking for abdominal wall pain.

Enter "None" if you are not taking any medications for abdominal wall pain.

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8) Which of the following best describes your current occupation status?

- Working full time (including full-time student or running the home)
- Working part time
- Retired
- Retraining for alternative employment or looking for work
- Unable to work