

Supplemental Digital Content 1. Selected individual questions from HAND-Q assessing patients' hand functionality, symptom severity, and treatment satisfaction.

<p>Sexual Dissatisfaction: Does your hand problem affect your sex life? With your hand problem in mind, how much are you bothered by the following:</p>	
<ol style="list-style-type: none"> 1. How your hands look? 2. Being able to use your hands in tender ways (e.g. touch, hold)? 3. Limitations in hand function that can interfere with sexual activity (e.g. grip, strength)? 4. Symptoms you feel in your hands that can interfere with sexual activity (e.g. pain, numbness, tingling)? 5. Being aware of your hands during sexual activity? 6. Your hand problem affecting how much you enjoy sexual activity? 7. Your hand problem being a distraction during sexual activity? 8. Your hand problem interfering with your ability to give pleasure? 9. Your partner seeing your hands during sexual activity? 	<p style="text-align: center;"><u>Response Options</u></p> <p>1 - Not at all bothered 2 - A little bothered 3 - Moderately bothered 4 - Extremely bothered</p>
<p>Diminished Quality of Life: Does your hand problem affect your quality of life? Please answer thinking of the past week. How much has your hand problem interfered with the following:</p>	
<ol style="list-style-type: none"> 1. Being physically active? 2. Taking a bath or shower? 3. Being able to relax? 4. Sleeping at night? 5. Doing activities you enjoy? 6. Your emotional well-being? 7. Your mood? 8. Your ability to enjoy life? 9. Your social life? 10. Your close relationships? 11. Your ability to be independent? 	<p style="text-align: center;"><u>Response Options</u></p> <p>1 - Not at all 2 - A little bit 3 - Quite a bit 4 - Very much</p>
<p>Emotional Dissatisfaction: Does your hand problem affect how you feel? Please answer thinking of the past week. With your hand problem in mind, how often have you felt:</p>	

<ol style="list-style-type: none"> 1. Frustrated? 2. Upset? 3. Worried? 4. Concerned? 5. Sorry for yourself? 6. Depressed? 7. Irritated? 8. Angry? 9. Embarrassed? 10. Self-conscious? 11. Anxious? 12. Fed-up? 13. Overwhelmed? 14. Annoyed? 15. Stressed? 16. Unattractive? 17. Useless? 18. Hopeless? 19. Desperate? 	<p style="text-align: center;"><u>Response Options</u></p> <p>1 - Never 2 - Sometimes 3 - Often 4 - Always</p>
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Hand Appearance Satisfaction: How do your hands look? Please answer thinking of how your hands look now.

Note: If your hands look different from each other, answer each question thinking about the hand you are least satisfied with. How dissatisfied or satisfied are you with:

<ol style="list-style-type: none"> 1. How your hands look from far away? 2. How the palms of your hands look? 3. How straight your fingers and thumbs look? 4. The size of your fingers and thumbs? 5. The shape of your fingers and thumbs? 6. How your fingers and thumbs line up with each other? 7. How well your fingers match each other? 8. How your fingernails look? 9. How your knuckles look? 10. The size of your knuckles? 11. The shape of your knuckles? 12. How your hands look when you rest your palms on a table? 13. How your hands look when you wave at someone? 14. How your hands look when you hold a glass? 15. How your hands look compared with other people's hands? 16. How normal your hands look? 17. How masculine or feminine your hands look? 18. How well-proportioned your hands look (i.e., all parts look the right size and shape?) 19. How the veins on the back of your hands look? 20. How noticeable the veins on the back of your hands are? 21. How the tendons on the back of your hands look? 22. How visible the tendons on the back of your hands are? 23. How the skin on your hands look? 24. How taught (i.e. firm) the skin on the back of your hands look? 25. How smooth the skin on the back of your hands looks? 26. How blemish-free the skin on the back of your hands looks? 27. How youthful your hands look? 28. The age your hands look? 29. How your hands look from close up? 30. How your hands look overall? 	<p style="text-align: center;"><u>Response Options</u></p> <p>1 - Very dissatisfied 2 - Somewhat dissatisfied 3 - Somewhat satisfied 4 - Very satisfied</p>
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Symptom Severity: How do your hands feel? Please answer thinking of the past week. Note: If the symptoms you feel in each hand differ, answer each question thinking about the hand that bothers you the most. Please rate the severity of each of these symptoms:

1. Hands feeling itchy?
2. Hands feeling numb (i.e. less feeling)?
3. Tingling in your hands (i.e. pins and needles feeling)?
4. Hands feeling sensitive (i.e. too much feeling)?
5. Hands feeling stiff?
6. Swelling or puffiness?
7. Cramping in your hands?
8. Hands feeling hotter or colder than normal?
9. Hands feeling weak (i.e. lack of strength)?
10. Hands feeling achy?
11. Throbbing pain in your hands?
12. Stinging or burning pain in your hands?
13. Pain when you use your hands?
14. Pain when your hands are at rest?
15. Pain when your hands are touched?
16. Pain when the weather changes?
17. Hands feeling dry?
18. Hands feeling moist?
19. Clumsiness (e.g. dropping or spilling things)?
20. Hand tremors (i.e. shaking)?
21. Hand symptoms (e.g. pain, numbness) disturbing your sleep?
22. Hands that are worse in cold weather?

Response Options

- 1 - None
- 2 - Mild
- 3 - Moderate
- 4 - Severe

Hand Functionality: How difficult is it to use your hands? Please answer thinking of the past week.

Note: If your hand problem affects one hand more than the other, answer each question for the hand that is worse. If you use gadgets or devices to help perform tasks, please answer based on how your hand(s) work without using them. With your hand problem in mind, how difficult would these tasks have been:

1. Placing your palms flat on a table?
2. Making a fist with your hand(s)?
3. Shaking someone's hand?
4. Clapping your hands?
5. Holding a phone to your ear?
6. Holding a book to read?
7. Holding a bag of groceries?
8. Plugging a cord into a socket?
9. Using a TV remote control?
10. Gripping handles (e.g. tennis racket, golf club, broom)?
11. Picking up a coin?
12. Taking things out of a pocket?
13. Turning a doorknob?
14. Turning a key in a lock?
15. Turning a tap (i.e. faucet)?
16. Writing with a pen or pencil?
17. Typing?
18. Opening a jar?
19. Opening a small lid (e.g. water or other beverage bottle)?
20. Washing the dishes?
Preparing food (e.g. peeling, cutting)?
21. Eating with cutlery (e.g. fork, spoon, knife)?
22. Eating with your hand(s)?
23. Holding a glass?
24. Scratching an itch?
25. Washing your hands?
26. Brushing your teeth?
Clipping your fingernails?
27. Buttoning a shirt or coat?
28. Doing up a zipper?
29. Tying shoelaces?
30. Cleaning (e.g. wiping) yourself after a bowel movement?
31. Putting on or taking off clothes?
32. Showering?
33. Personal grooming (e.g. shaving, putting on make-up)?

Response Options

- 1 - Not at all difficult
- 2 - A little difficult
- 3 - Moderately difficult
- 4 - Extremely difficult