Questionnaire for evaluation of results after surgery due to ulnar nerve compression

Circle the option which fits you the best!

1.	Can you perform your professional work after the surgery concerning the hand/arm				
	Yes	Partia	lly	No	
2.	Do you have to refrain from any activity after the operation due to pain/ache/weakness in the operated area?				
	Yes	Partia	lly	No (not at all)	
	Comments (e.g. if	something has bec	ome more difficult	for you to do?)	
3.	Are you <i>right-han</i>	ded or left-handed	?		
	Right		Left		
4.	How do you think	the arm/hand work	s today compared	to before the surgery?	
	Completely fine	Better	No difference	Worse	
5.	Were you troubled	l with numbness/tir	ngling in the fingers	hand before surgery?	
	Always	Often	Sometimes	Never	
	If your answer is a were affected?	lways, often or sor	netimes, which fing	gers, or parts of the hand	

6.	Are you experiencing numbness/tingling in the fingers/hand after the surgery?					
	Always	Often	Some	etimes	Never	
	If your answer is affected?	always, ofter	n or sometimes,	which fingers	s, or parts of the hand are	
	•••••					
7.	Did you experier surgery?	nce any reduct	tion in sensation	n in the finger	s/hand before the	
	Always	Often	Some	etimes	Never	
	were affected?	·			s, or parts of the hand	
8.	Do you experien	ce any reducti	ion in sensation	in the fingers	/hand after the surgery?	
	Always	Often	Some	etimes	Never	
	If your answer is affected?	always, ofter	n or sometimes,	which fingers	s, or parts of the hand are	
9.	Did you experier	nce any reduct	tion in grip stre	ngth of the ha	nd before surgery?	
	Not at all	Mild	Moderate	Pronounced		
10.	Do you experien	ce any reducti	ion in grip strer	gth of the han	nd today ?	
	Not at all	Mild	Moderate	Pronounced		
11.	Did you experier before surgery?	nce any reduct	tion in the abili	ty to abduct or	adduct the fingers	
	Not at all	Mild	Moderate	Pronounced		

12.	Do you experiented today?	ence any red	uction in the abili	ty to abduct	or adduct the fingers	
	Not at all	Mild	Moderate	Pronounc	ed	
13.	. Were you trou before surgery			ty" of the rin	ng finger and little finger	
	Yes			No		
14.			w hand deformity today ? (see pictu		Con 1	_
	Yes			No		
15.	. Did you smoke	e at the time	of the surgery?			
	Yes			No		
16.	. Did you have a	any trouble s	leeping because of	of the arm/ha	and before the surgery?	
	Always	Often	Som	netimes	Never	
17.	. Do you have a	ny trouble sl	eeping today bec	ause of the a	nrm/hand?	
	Always	Often	Som	netimes	Never	
18.	Do you have a one/ones?	ny other dise	ease/injury in ano	ther nerve or	in the arm, and if so, which	ch

19. I	Do you have any other disease/	diagnosis,	and if so, which one	e/ones?
•				
20. A	Are you taking any drugs regula	arly, and if	so, which one/ones	?
21. F	For how long did you have sym	ptoms befo	ore the surgery?	
22. <i>A</i>	Are you pleased with the result	s of the sur	gery?	
V	/ery pleased Generally pl	eased	A bit displeased	Very displeased
(Comment (e.g. if you want to e.g.	xpress how	pleased or displeas	sed you are)
	Based on what you know today go through the same procedure		surgery and the peri	od afterwards, would
Y	Ves .	Not sure		No
C	Comment:			
		•••••		

Self-reported pain (VAS)

Can you estimate your pain by making a mark on the line below?
a) At rest before the surgery?
No pain II Worst possible pain
b) During activity before the surgery?
No pain II Worst possible pain
c) At rest after the surgery?
No pain II Worst possible pain
d) During activity after the surgery?
No pain II Worst possible pain