

## Appendix Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please draw a ring around the statement below that accounts for your subjective status.

Compared to the uninjured elbow, does your formerly fractured elbow function as well?

Yes      No - slightly impaired, not daily pain  
             No - severely impaired, daily pain

Do you have any of the following problems in the formerly fractured elbow?

Pain at rest?	yes	no
Pain at activity?	yes	no
Tenderness?	yes	no
Reduced range of motion?	yes	no
Impaired strength?	yes	no
Instability?	yes	no

Do you have any of the following problems in the wrist and hand in the formerly fractured arm?

Impaired sensibility?	yes	no
Impaired strength?	yes	no
Reduced range of motion?	yes	no

Which is your dominant arm?                      Right   Left

What is your profession?\_\_\_\_\_

Do you participate in any sports activity, and if so what type of activity?\_\_\_\_\_