

TABLE E-1 Patient Satisfaction and Return-to-Work Questionnaire

	Very Satisfied	Satisfied	Indifferent	Dissatisfied	Very Dissatisfied
Overall function in your wrist	1	2	3	4	5
Motion of the fingers	1	2	3	4	5
Motion of the wrist	1	2	3	4	5
Pain level	1	2	3	4	5
Speed of recovery	1	2	3	4	5

What type of job did you have before breaking your wrist?

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Have you returned to work?

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What date did you return to work?

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Are you back at the same job?

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If yes, are you on light or regular duty?

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If no, what job do you have now?

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Did you participate in any recreational activities before breaking your wrist?

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Are you able to participate in them now?

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