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**Supplemental Digital Content 1. Patient Survey (Translated from Dutch)**

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**Questions on pain and abnormal sensation:**

Was local or regional anesthesia performed before surgery?	yes / no
How satisfied were you with your local or regional anesthesia technique? [very dissatisfied / dissatisfied / neutral / satisfied / very satisfied]	...
Why?	...
What rating would you give the pain at this moment? 0 stands for "no pain", 10 stands for "worst possible pain"	0 - 10
Do you notice an improvement in pain over time? [firmly increases / increases / remains the same / decreases / firmly decreases / didn't have pain]	...
When did the pain start? [didn't have pain / immediately after surgery / within 6 hours after surgery / the same day as the operation / the day after surgery / 2-7 days after surgery / > 7 days after surgery / other]	...
How did the pain start? [didn't have pain / gradually / abruptly]	...
Where is the location of the pain?	
– Finger	<input type="checkbox"/>
– Hand	<input type="checkbox"/>
– Wrist	<input type="checkbox"/>
– Lower arm	<input type="checkbox"/>
– Elbow	<input type="checkbox"/>
– Upper arm	<input type="checkbox"/>
Do you notice any loss of strength in the operated hand?	yes / no
Can you indicate the severity on this scale? 0 stands for "no loss of strength", 10 stands for "maximum loss of strength"	0 - 10
Is there any tingling present?	yes / no
Do you notice an improvement in tingling pain over time? [firmly increases / increases / remains the same / decreases / firmly decreases / didn't have tingling]	...
Are there any other abnormal sensations present in the arm, hand, or finger?	yes / no
What is the location of these sensations?	
– Finger	<input type="checkbox"/>
– Hand	<input type="checkbox"/>
– Wrist	<input type="checkbox"/>
– Lower arm	<input type="checkbox"/>
– Elbow	<input type="checkbox"/>
– Upper arm	<input type="checkbox"/>
How would you describe this abnormal sensation?	
- Enhanced sense	<input type="checkbox"/>
- Decreased sense	<input type="checkbox"/>
- Numbness	<input type="checkbox"/>
- Tingling	<input type="checkbox"/>
- Pain	<input type="checkbox"/>
- Loss of strength	<input type="checkbox"/>
- Burning sensation	<input type="checkbox"/>
- Cold sensation	<input type="checkbox"/>
- Itching sensation	<input type="checkbox"/>
- Other:	...
When did this abnormal sensation start?	...

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[didn't have abnormal sensation / immediately after surgery / within 6 hours after surgery / the same day as the operation / the day after surgery / 2-7 days after surgery / > 7 days after surgery / other]	
Do you notice an improvement in this abnormal sensation over time?	...
[didn't have abnormal sensation / decreases / remains the same / increases]	
Are there any other symptoms present?	yes / no
- Skin discoloration	<input type="checkbox"/>
- Stiffness	<input type="checkbox"/>
- Loss of strength	<input type="checkbox"/>
- Numbness	<input type="checkbox"/>
- Swelling	<input type="checkbox"/>
- Other	...
Does this abnormal sensation affect your quality of life?	0 - 10
0 stands for "no effect", 10 stands for "maximum effect on quality of life"	

**Quick Disabilities of the Arm, Shoulder and Hand (Quick DASH)\*:**

**Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.**

1. Open a tight or new jar.	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
2. Do heavy household chores (e.g., wash walls, floors).	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
3. Carry a shopping bag or briefcase.	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
4. Wash your back.	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
5. Use a knife to cut food.	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / unable]
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	[not at all / slightly / moderately / quite a bit / extremely]
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	[not limited at all / slightly limited / moderately limited / very limited / unable]

**Please rate the severity of the following symptoms in the last week. (circle number)**

9. Arm, shoulder or hand pain.	[none / mild / moderate / severe / extreme]
10. Tingling (pins and needles) in your arm, shoulder or hand.	[none / mild / moderate / severe / extreme]
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	[no difficulty / mild difficulty / moderate difficulty / severe difficulty / so much difficulty I can't sleep]

*\* Quick DASH items are valued 1-5. Transformation of the score is done by adding up the assigned values for each response, divide by 11, subtract one, and multiply by 25.*