

Unified Follow-up Assessment

History of present illness

Physical Exam

Hello, you're being assessed for the brachial plexus injury that brought you to this service. Through the following questions, we would like to know some details about how it happened. Make sure to answer them as best as possible.

There are 89 questions in this survey

History of present illness

Hello, you're being assessed for the brachial plexus injury that brought you to this service. Through the following questions, we would like to know some details about how it happened. Make sure to answer them as best as possible.

[] *

Please enter a date:

[]

[]

[]Did you have any BRACHIAL PLEXUS SURGERY since the last evaluation? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ Not informed / not assessed

[]For each surgery done, fill out a UNIFIED SURGICAL EVALUATION SHEET in the QUESTIONNAIRES session, at NES.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '4 [yonlnjBpsurg]' (Did you have any BRACHIAL PLEXUS SURGERY since the last evaluation?)

[]Did you have any SURGERY FOR PAIN RELIEF since the last evaluation? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

☐ Not informed / not assessed

[]For each surgery done, fill out a PAIN RELIEF SURGICAL EVALUATION SHEET in the QUESTIONNAIRES session, at NES.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '6 [!stlnjPainsurg]' (Did you have any SURGERY FOR PAIN RELIEF since the last evaluation?)

[]Did you have any ORTHOPEDIC or CRANIOFACIAL SURGERY since the last evaluation? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

☐ Not informed / not assessed

[]Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY: *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '8 [yonlnjOrtsurg]' (Did you have any ORTHOPEDIC or CRANIOFACIAL SURGERY since the last evaluation?)

Check all that apply

Please choose **all** that apply:

☐ Face

☐ Skull

☐ Scapula

☐ Clavicle

☐ Rib

☐ Upper limb

☐ Lower limb

☐ Cervical spine

☐ Thoracic spine

☐ Lumbar spine

☐ Sacrum and/or Coccyx

☐ Pelvis

☐ Not informed / not assessed

[]If FACIAL SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If SKULL SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If SCAPULA ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If CLAVICLE ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If RIB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[] If RIGHT RIB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Right' at question '14 [!st!njOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth
- ☐ Fifth
- ☐ Sixth
- ☐ Seventh
- ☐ Eighth
- ☐ Ninth
- ☐ Tenth
- ☐ Eleventh
- ☐ Twelfth
- ☐ Not informed / not assessed

[] If LEFT RIB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question '14 [!st!njOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth
- ☐ Fifth
- ☐ Sixth
- ☐ Seventh
- ☐ Eighth
- ☐ Ninth
- ☐ Tenth
- ☐ Eleventh
- ☐ Twelfth
- ☐ Not informed / not assessed

[]If UPPER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If RIGHT UPPER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Right' at question '17 [lstlnjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ Glenohumeral
- ☐ Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingers
- ☐ Not informed / not assessed

[]If LEFT UPPER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Left' at question '17 [lstlnjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ Glenohumeral
- ☐ Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingers
- ☐ Not informed / not assessed

[]If LOWER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not informed / not assessed

[]If RIGHT LOWER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Right' at question '20 [lstlnjOrtsurgLimb]' (If LOWER LIMB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Leg
- ☐ Ankle
- ☐ Foot
- ☐ Toes
- ☐ Not informed / not assessed

[]If LEFT LOWER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question '20 [lstlnjOrtsurgLimb]' (If LOWER LIMB ORTHOPEDIC SURGERY,)

Check all that apply

Please choose **all** that apply:

- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Leg
- ☐ Ankle
- ☐ Foot
- ☐ Toes
- ☐ Not informed / not assessed

[]If CERVICAL SPINE ORTHOPEDIC SURGERY,

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Check all that apply

Please choose **all** that apply:

- ☐ C1
- ☐ C2
- ☐ C3
- ☐ C4
- ☐ C5
- ☐ C6
- ☐ C7
- ☐ Not informed / not assessed

[]If THORACIC SPINE ORTHOPEDIC SURGERY,

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Check all that apply

Please choose **all** that apply:

- ☐ T1
- ☐ T2
- ☐ T3
- ☐ T4
- ☐ T5
- ☐ T6
- ☐ T7
- ☐ T8
- ☐ T9
- ☐ T10
- ☐ T11
- ☐ T12
- ☐ Not informed / not assessed

[]If LUMBOSACRAL SPINE ORTHOPEDIC SURGERY,

Only answer this question if the following conditions are met:

Answer was at question '9 [mulln]OrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)

Check all that apply

Please choose **all** that apply:

- ☐ L1

- ☐ L2
- ☐ L3
- ☐ L4
- ☐ L5
- ☐ Not informed / not assessed

[]Do you receive PHYSIOTHERAPY treatment on regular basis? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ Not informed / not assessed

[]If you are receiving PHYSIOTHERAPY, indicate the PLACE: *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

☐ At the research institution

☐ Other

☐ Not informed / not assessed

[]If you are receiving PHYSIOTHERAPY, indicate the DATE OF START OF TREATMENT,

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)

Please enter a date:

Consider the earliest date. If there is no information about the day, always choose the first day of the month.

[]

[]

[]If you are receiving PHYSIOTHERAPY, indicate the FREQUENCY, *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Once a week
- ☐ Twice a week
- ☐ Three times a week
- ☐ Four times a week
- ☐ Five times a week
- ☐ More than five times a week
- ☐ Not informed / not assessed

[] If you are receiving PHYSIOTHERAPY, indicate what TYPE OF PHYSIOTHERAPY you receive, *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)

Check all that apply

Please choose **all** that apply:

- ☐ Phototherapy
- ☐ Thermotherapy
- ☐ Kinesiotherapy
- ☐ Electrotherapy
- ☐ Hydrotherapy
- ☐ Not informed / not assessed
- ☐ Other:

[] Did your PHYSIOTHERAPIST receive INSTRUCTIONS from the study institution team? *

Only answer this question if the following conditions are met:

Answer was 'Other' at question '27 [mullInjPhysioPlace]' (If you are receiving PHYSIOTHERAPY, indicate the PLACE:)

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
- ☐ No
- ☐ Not informed / not assessed

[] Are you practicing any kinda of HOME THERAPEUTIC EXERCISES? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
- ☐ No

☐ Not informed / not assessed

[]Are you practicing any EXERCISE or SPORT WITHOUT therapeutic GUIDANCE? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

☐ Not informed / not assessed

[]Do you use any ORTHESIS? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

☐ Not informed / not assessed

[]If you use an ORTHESIS, *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '36 [yonInjOrthesis]' (Do you use any ORTHESIS?)

Choose one of the following answers

Please choose **only one** of the following:

☐ Right

☐ Left

☐ Both

☐ Not informed / not assessed

[]If you use a RIGHT upper limb ORTHESIS, choose the type(s), *

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Right' at question '37 [lstInjOrthesisSide]' (If you use an ORTHESIS,)

Check all that apply

Please choose **all** that apply:

☐ Arm sling

☐ Shoulder support

☐ Wrist and fingers positioning orthosis

☐ Fingers positioning orthosis

☐ Not informed / not assessed

☐ Other:

[]If you use a LEFT upper limb ORTHESIS, choose the

type(s), *

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question '37 [IstInjOrthesisSide]' (If you use an ORTHESIS,)

Check all that apply

Please choose **all** that apply:

- ☐ Arm sling
- ☐ Shoulder support
- ☐ Wrist and fingers positioning orthosis
- ☐ Fingers positioning orthosis
- ☐ Not informed / not assessed
- ☐ Other:

[]Do you use any MEDICATION? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes, and I know their names
- ☐ Yes, but I don't know their names
- ☐ No, I don't
- ☐ Not informed / not assessed

[]If you use MEDICATION(S), indicate which one (s),

Only answer this question if the following conditions are met:

Answer was 'Yes, and I know their names' at question '40 [yonInjMedicatio]' (Do you use any MEDICATION?)

	Name	Indication	Dose	Frequency
Opioid				
Antidepressants				
Anticonvulsants				
Neuroleptics				
Supplements/vitamins				
Natural medicines/teas				
Other (class/medication):				
Other (class/medication):				
Other (class/medication):				
Other (class/medication):				
Other (class/medication):				

Physical Exam

[]VISUAL INSPECTION *

Please choose the appropriate response for each item:

	RIGHT			LEFT		
	Present	Absent	Not assessed / inconclusive assessment	Present	Absent	Not assessed / inconclusive assessment
Glenohumeral Dislocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula alata	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horner's syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical scar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trophic changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If there is SWELLING on the RIGHT side, indicate the LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Swelling Label RIGHT))

Check all that apply

Please choose **all** that apply:

- ☐ Scapular region
- ☐ Glenohumeral region
- ☐ Arm
- ☐ Forearm
- ☐ Hand
- ☐ Fingers
- ☐ Segment not specified

[]If there is SWELLING on the LEFT side, indicate the LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Swelling Label LEFT))

Check all that apply

Please choose **all** that apply:

- ☐ Scapular region
- ☐ Glenohumeral region
- ☐ Arm
- ☐ Forearm
- ☐ Hand
- ☐ Fingers

☐ Segment not specified

[]If there is BRACHIAL PLEXUS SURGERY SCAR on the RIGHT SIDE, specify its LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label RIGHT))

Check all that apply

Please choose **all** that apply:

- ☐ Cervical
- ☐ Supraclavicular
- ☐ Infraclavicular
- ☐ Scapular
- ☐ Glenohumeral
- ☐ Axillary
- ☐ Thorax
- ☐ Arm
- ☐ Forearm
- ☐ Segment not specified

[]If there is BRACHIAL PLEXUS SURGERY SCAR on the LEFT SIDE, specify its LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT))

Check all that apply

Please choose **all** that apply:

- ☐ Cervical
- ☐ Supraclavicular
- ☐ Infraclavicular
- ☐ Scapular
- ☐ Glenohumeral
- ☐ Axillary
- ☐ Thorax
- ☐ Arm
- ☐ Forearm
- ☐ Segment not specified

[]If there are TROPHIC CHANGES on the RIGHT SIDE, specify their LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Trophic changes Label RIGHT))

Please choose the appropriate response for each item:

	Atrophy	Hypotrophy	Hypertrophy	Not altered	Not assessed / inconclusive assessment
Cervical region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapular region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glenohumeral region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forearm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If there are TROPHIC CHANGES on the LEFT SIDE, specify their LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Trophic changes Label LEFT))

Please choose the appropriate response for each item:

	Atrophy	Hypotrophy	Hypertrophy	Not altered	Not assessed / inconclusive assessment
Cervical region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapular region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glenohumeral region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forearm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]Scoliotic posture *

Please choose the appropriate response for each item:

	Present	Absent	Not assessed / inconclusive assessment
Scoliosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]TINEL SIGN *

Please choose the appropriate response for each item:

	RIGHT			LEFT		
	Present	Absent	Not assessed / inconclusive assessment	Present	Absent	Not assessed / inconclusive assessment
Tinel sign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If there is TINEL SIGN on the RIGHT SIDE, specify its LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '50 [IstPexTinel]' (TINEL SIGN (Tinel sign Label RIGHT))

Check all that apply

Please choose **all** that apply:

- ☐ Cervical region
☐ Supraclavicular region
☐ Infraclavicular region
☐ Scapular region
☐ Thorax
☐ Glenohumeral region
☐ Arm
☐ Forearm
☐ Hand
☐ Fingers
☐ Segment nor specified

[]If there is TINEL SIGN on the LEFT SIDE, specify its LOCATION, *

Only answer this question if the following conditions are met:

Answer was 'Present' at question '50 [!stPexTinel]' (TINEL SIGN (Tinel sign Label LEFT))

Check all that apply

Please choose **all** that apply:

- ☐ Cervical region
☐ Supraclavicular region
☐ Infraclavicular region
☐ Scapular region
☐ Thorax
☐ Glenohumeral region
☐ Arm
☐ Forearm
☐ Hand
☐ Fingers
☐ Segment not specified

[]SENSIBILITY *

Please choose the appropriate response for each item:

	RIGHT		LEFT	
	Assessed	Not assessed / inconclusive assessment	Assessed	Not assessed / inconclusive assessment
Superficial tactile sensibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Superficial pain sensibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proprioception: joint position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proprioception: kinesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If SUPERFICIAL TACTILE SENSIBILITY was assessed on the RIGHT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial tactile sensibility Label RIGHT))

Please choose the appropriate response for each item:

	Anesthesia	Hypoesthesia	Hyperesthesia	Not altered	Not assessed / inconclusive assessment
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If SUPERFICIAL TACTILE SENSIBILITY was assessed on the LEFT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial tactile sensibility Label LEFT))

Please choose the appropriate response for each item:

	Anesthesia	Hypoesthesia	Hyperesthesia	Not altered	Not assessed / inconclusive assessment
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If SUPERFICIAL PAIN SENSIBILITY was assessed on the RIGHT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial pain sensibility Label RIGHT))

Please choose the appropriate response for each item:

	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	Not assessed / inconclusive assessment
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	Not assessed / inconclusive assessment
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If SUPERFICIAL PAIN SENSIBILITY was assessed on the LEFT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial pain sensibility Label LEFT))

Please choose the appropriate response for each item:

	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	Not assessed / inconclusive assessment
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If proprioception: JOINT POSITION SENSE was evaluated on the RIGHT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: joint position Label RIGHT))

Please choose the appropriate response for each item:

	Preserved	Altered	Not assessed / inconclusive assessment
Proximal interphalangeal (Index finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If proprioception: JOINT POSITION SENSE was evaluated on the LEFT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: joint position Label LEFT))

Please choose the appropriate response for each item:

	Preserved	Altered	Not assessed / inconclusive assessment
Proximal interphalangeal (Index finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If proprioception: KINESTHESIA was evaluated on the RIGHT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: kinesthesia Label RIGHT))

Please choose the appropriate response for each item:

	Preserved	Altered	Not assessed / inconclusive assessment
Proximal interphalangeal (Index finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If proprioception: KINESTHESIA was evaluated on the LEFT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: kinesthesia Label LEFT))

Please choose the appropriate response for each item:

	Preserved	Altered	Not assessed / inconclusive assessment
Proximal interphalangeal (Index finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If PALLESTHESIA was evaluated on the RIGHT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Palesthesia Label RIGHT))

Please choose the appropriate response for each item:

	Present	Apalesthesia	Hypopalesthesia	Not assessed / inconclusive assessment
Lateral third of clavicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lateral epicondyle of the humerus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head of the ulna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If PALLESTHESIA was evaluated on the LEFT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [1stPexSensation]' (SENSIBILITY (Palesthesia Label LEFT))

Please choose the appropriate response for each item:

	Presente	Apalesthesia	Hypopalesthesia	Not assessed / inconclusive assessment
Lateral third of clavicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lateral epicondyle of the humerus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head of the ulna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]MOTRICITY *

Please choose the appropriate response for each item:

	RIGHT		LEFT	
	Assessed	Not assessed / inconclusive assessment	Assessed	Not assessed / inconclusive assessment
Range of motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]If RANGE OF MOTION was evaluated on the RIGHT SIDE: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [1stPexMotor]' (MOTRICITY (Range of motion Label RIGHT))

Please choose the appropriate response for each item:

	Assessed	Not assessed / inconclusive assessment
Shoulder flexion	<input type="radio"/>	<input type="radio"/>
Shoulder extension	<input type="radio"/>	<input type="radio"/>
Shoulder abduction	<input type="radio"/>	<input type="radio"/>
Shoulder external rotation	<input type="radio"/>	<input type="radio"/>
Elbow flexion	<input type="radio"/>	<input type="radio"/>
Elbow extension	<input type="radio"/>	<input type="radio"/>
Forearm supination	<input type="radio"/>	<input type="radio"/>
Forearm pronation	<input type="radio"/>	<input type="radio"/>
Wrist flexion	<input type="radio"/>	<input type="radio"/>
Wrist extension	<input type="radio"/>	<input type="radio"/>

[]If RANGE OF MOTION was evaluated on the LEFT SIDE: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [1stPexMotor]' (MOTRICITY (Range of motion Label LEFT))

Please choose the appropriate response for each item:

	Assessed	Not assessed / inconclusive assessment
Shoulder flexion	<input type="radio"/>	<input type="radio"/>
Shoulder extension	<input type="radio"/>	<input type="radio"/>
Shoulder abduction	<input type="radio"/>	<input type="radio"/>

	Assessed	Not assessed / inconclusive assessment
Shoulder external rotation	<input type="radio"/>	<input type="radio"/>
Elbow Flexion	<input type="radio"/>	<input type="radio"/>
Elbow extension	<input type="radio"/>	<input type="radio"/>
Forearm supination	<input type="radio"/>	<input type="radio"/>
Forearm pronation	<input type="radio"/>	<input type="radio"/>
Wrist flexion	<input type="radio"/>	<input type="radio"/>
Wrist extension	<input type="radio"/>	<input type="radio"/>

[]Right shoulder flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [1stPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder flexion))

Only numbers may be entered in this field.

Please write your answer here:

[]Left shoulder flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [1stPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder flexion))

Only numbers may be entered in this field.

Please write your answer here:

[]Right shoulder extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [1stPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder extension))

Only numbers may be entered in this field.

Please write your answer here:

[]Left shoulder extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [1stPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder extension))

Only numbers may be entered in this field.

Please write your answer here:

[]Right shoulder abduction (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder abduction))

Only numbers may be entered in this field.

Please write your answer here:

[]Left shoulder abduction (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder abduction))

Only numbers may be entered in this field.

Please write your answer here:

[]Right shoulder external rotation (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder external rotation))

Only numbers may be entered in this field.

Please write your answer here:

[]Left shoulder external rotation (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder external rotation))

Only numbers may be entered in this field.

Please write your answer here:

[]Right elbow flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Elbow flexion))

Only numbers may be entered in this field.

Please write your answer here:

[]Left elbow flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Elbow Flexion))

Only numbers may be entered in this field.

Please write your answer here:

[]Right elbow extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [1stPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Elbow extension))

Only numbers may be entered in this field.

Please write your answer here:

[]Left elbow extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [1stPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Elbow extension))

Only numbers may be entered in this field.

Please write your answer here:

[]Right forearm supination (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [1stPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Forearm supination))

Only numbers may be entered in this field.

Please write your answer here:

[]Left forearm supination (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [1stPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Forearm supination))

Only numbers may be entered in this field.

Please write your answer here:

[]Right forearm pronation (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [1stPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Forearm pronation))

Only numbers may be entered in this field.

Please write your answer here:

☐ Left forearm pronation (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Forearm pronation))

Only numbers may be entered in this field.

Please write your answer here:

☐ Right wrist flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Wrist flexion))

Only numbers may be entered in this field.

Please write your answer here:

☐ Left wrist flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Wrist flexion))

Only numbers may be entered in this field.

Please write your answer here:

☐ Right wrist extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Wrist extension))

Only numbers may be entered in this field.

Please write your answer here:

☐ Left wrist extension (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Wrist extension))

Only numbers may be entered in this field.

Please write your answer here:

☐ If MUSCULAR STRENGTH was assessed on the RIGHT: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [IstPexMotor]' (MOTRICITY (Strength Label RIGHT))

Please choose the appropriate response for each item:

	0	1	2	3	4	5	Not assessed / inconclusive assessment
Shoulder flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder abduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder external rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder internal rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula elevation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula abduction and superior rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers abduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers adduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thumb opponency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] If MUSCULAR STRENGTH was assessed on the LEFT: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [IstPexMotor]' (MOTRICITY (Strength Label LEFT))

Please choose the appropriate response for each item:

	0	1	2	3	4	5	Not assessed / inconclusive assessment
Shoulder flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder abduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder external rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder internal rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula elevation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula abduction and superior rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0	1	2	3	4	5	Not assessed / inconclusive assessment
Wrist extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers flexion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers abduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fingers adduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thumb opponency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[] Do you experience any PAIN nowadays? *

Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes
☐ No
☐ Not assessed / inconclusive assessment

Thank you for answering these questions.

Submit your survey.

Thank you for completing this survey.