Unified Admission Assessment

Past medical history

History of present illnes

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 188 questions in this survey

Past medical history

For aditional information about Past medical history see "Medical Evaluation" tab.

[]PAST MEDICAL HISTORY of FRACTURE? *

Choose one of the following answers

Please choose only one of the following:
○ Yes
○ No
Not informed / not assessed
[]Choose the SITE(s) of PREVIOUS FRACTURE(s): *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '1 [yonPreFracture]' (PAST MEDICAL HISTORY of FRACTURE?)
Check all that apply
Please choose all that apply:
Face
Skull
Scapula
Clavicule
Rib
Upper limb
Lower limb
Cervical spine
Thoracic spine
Lumbar spine
Sacrum and/or coccyx
Pelvis
Not informed / Not assessed
[]If PREVIOUS FACIAL FRACTURE, *

Only answer this question if the following conditions are met:

Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)

Choose one of the following answers
Please choose only one of the following:
O Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS SKULL FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers
Please choose only one of the following:
O Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS SCAPULA FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS CLAVICULE FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
O Not informed / not assessed
[]If PREVIOUS RIB FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers
Please choose only one of the following:

Right
○ Left
O Both
Not informed / not assessed
[]If PREVIOUS RIGHT RIB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '7 [lstPreFractureRib]' (If PREVIOUS RIB FRACTURE,)
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 PREVIOUS LEFT RIB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Left' at question '7 [IstPreFractureRib]' (If PREVIOUS RIB FRACTURE,)
Check all that apply
Please choose all that apply:
First
Second
☐ Third
Fourth
Fifth
Sixth
Seventh
☐ Eighth
☐ Ninth
Tenth
Eleventh
Twelfth

[]If PREVIOUS UPPER LIMB FRACTURE, *

Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
O Not informed / not assessed
[]If PREVIOUS RIGHT UPPER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Right' or 'Both ' at question '10 [IstPreFractureULimb]' (If PREVIOUS UPPER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
Glenohumeral
Arm
Elbow
Forearm
Wrist
☐ Hand
☐ Fingers
☐ Not informed / not assessed
[]If PREVIOUS LEFT UPPER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Left ' at question '10 [IstPreFractureULimb]' (If PREVIOUS UPPER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
Glenohumeral
☐ Arm
Elbow
Forearm
Wrist
Fingers
☐ Not informed / not assessed
[]If PREVIOUS LOWER LIMB FRACTURE, *
Only answer this question if the following conditions are met:
Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Choose one of the following answers

Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS RIGHT LOWER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Right' or 'Both ' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
Hip
☐ Thigh
☐ Knee
Leg
Ankle
Foot
☐ Toes
☐ Not informed / not assessed
[]If PREVIOUS LEFT LOWER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,)
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,)
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply:
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply:
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot Toes
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot Toes Not informed / not assessed
Answer was 'Left' or 'Both' at question '13 [istPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot Toes Not informed / not assessed [] If PREVIOUS CERVICAL VERTEBRA FRACTURE, Only answer this question if the following conditions are met:
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot Toes Not informed / not assessed [] If PREVIOUS CERVICAL VERTEBRA FRACTURE, Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Answer was 'Left' or 'Both' at question '13 [IstPreFractureILimb]' (If PREVIOUS LOWER LIMB FRACTURE,) Check all that apply Please choose all that apply: Hip Thigh Knee Leg Ankle Foot Toes Not informed / not assessed [] If PREVIOUS CERVICAL VERTEBRA FRACTURE, Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):) Check all that apply

C6
☐ C7
☐ Not informed / not assessed
[]If PREVIOUS THORACIC VERTEBRA FRACTURE,
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Check all that apply
Please choose all that apply:
T1
□ T2
☐ T3
□ T5
☐ T6
□ T7
□ T8
☐ T9
☐ T10
☐ T11
☐ T12
Not informed / not assessed
[]If PREVIOUS LUMBAR VERTEBRA FRACTURE,
Only answer this question if the following conditions are met: Answer was at question '2 [mulPreFractureSite]' (Choose the SITE(s) of PREVIOUS FRACTURE(s):)
Check all that apply
Please choose all that apply:
L1
☐ L2

[]PAST MEDICAL HISTORY of ORTHOPEDIC or CRANIOFACIAL SURGERY? *

Choose one of the following answers

□ Not informed / not assessed

 □ L3 □ L4

Please choose only one of the following:

Yes
○ No
Not informed / not assessed
Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES): *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '19 [yonPreOrtsurg]' (PAST MEDICAL HISTORY of ORTHOPEDIC or CRANIOFACIAL SURGERY?)
Check all that apply
Please choose all that apply:
☐ Face
Skull
☐ Scapula
Clavicule
Rib
Upper limb
Lower limb
Cervical spine
Thoracic spine
Lumbar spine
Sacrum and/or coccyx
Pelvis
☐ Not informed / not assessed
[]If PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY, FACIAL SURGERY. *
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS SKULL ORTHOPEDIC or CRANIOFACIAL SURGERY, CRANIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers

Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS SCAPULA ORTHOPEDIC or CRANIOFACIAL SURGERY, SCAPULA SURGERY *
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
Not informed / not assessed
[]If PREVIOUS CLAVICULE ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If PREVIOUS RIB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If PREVIOUS RIGHT RIB ORTHOPEDIC or CRANIOFACIAL

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SURGERY, *

Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '25 [IstPreOrtsurgRib]' (If PREVIOUS RIB ORTHOPEDIC or CRANIOFACIAL 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 PREVIOUS LEFT RIB ORTHOPEDIC or CRANIOFACIAL SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '25 [IstPreOrtsurgRib]' (If PREVIOUS RIB ORTHOPEDIC or CRANIOFACIAL SURGERY,) Check all that apply
Please choose all that apply:
☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth ☐ Sixth ☐ Seventh ☐ Lighth ☐ Ninth ☐ Tenth ☐ Eleventh ☐ Twelfth
☐ Not informed / not assessed
FITE DDEVIOUS LIDDED LIMB ODTHODEDIC

[]If PREVIOUS UPPER LIMB ORTHOPEDIC or

CRANIOFACIAL SURGERY, *

Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Choose one of the following answers
Please choose only one of the following: Right
Left
O Both
Not informed / not assessed
[]If PREVIOUS RIGHT UPPER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '28 [IstPreOrtsurgULimb]' (If PREVIOUS UPPER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY,)
Check all that apply
Please choose all that apply:
Glenohumeral
☐ Arm
Elbow
Forearm
☐ Wrist
Hand
Fingers
☐ Not informed / not assessed
[]If PREVIOUS LEFT UPPER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '28 [IstPreOrtsurgULimb]' (If PREVIOUS UPPER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY,)
Check all that apply
Please choose all that apply:
Glenohumeral
☐ Arm
Elbow
Forearm
☐ Wrist
☐ Hand
Fingers
Not informed / not accessed

☐ Toes

[]If PREVIOUS LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, *

Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):) Choose one of the following answers Please choose only one of the following: Right Left Both Not informed / not assessed []If PREVIOUS RIGHT LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, * Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '31 [IstPreOrtsurg|Limb]' (If PREVIOUS LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY,) Check all that apply Please choose all that apply: ☐ Hip Thigh Knee □ Leg □ Ankle □ Foot Toes □ Not informed / not assessed []If PREVIOUS LEFT LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '31 [IstPreOrtsurgILimb]' (If PREVIOUS LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY,) Check all that apply Please choose all that apply: ☐ Hip Thigh Knee Leg □ Ankle Foot

☐ Not informed / not assessed
[] If PREVIOUS CERVICAL VERTEBRA ORTHOPEDIC or CRANIOFACIAL SURGERY
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
Check all that apply
Please choose all that apply:
C1 C2 C3 C4 C5 C6 C7 Not informed / not assessed []If PREVIOUS THORACIC VERTEBRA ORTHOPEDIC or CRANIOFACIAL SURGERY,
Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):)
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 PREVIOUS LUMBAR VERTEBRA ORTHOPEDIC or CRANIOFACIAL SURGERY,

Only answer this question if the following conditions are met: Answer was at question '20 [mulPreOrtsurgSite]' (Choose the SITE(s) of PREVIOUS ORTHOPEDIC or CRANIOFACIAL SURGERY (IES):) Check all that apply Please choose all that apply: □ L1 □ L2 □ L3 □ L4 □ L5 Not informed / not assessed []PAST MEDICAL HISTORY OF BRAIN SURGERY? * Choose one of the following answers Please choose only one of the following: O Yes O No Not informed / not assessed []PAST MEDICAL HISTORY of upper limb NERVE SURGERY? * Choose one of the following answers Please choose only one of the following: O Yes O No Not informed / not assessed []If PREVIOUS HISTORY of upper limb NERVE SURGERY * Only answer this question if the following conditions are met: Answer was 'Yes' at question '38 [yonPreNersurg]' (PAST MEDICAL HISTORY of upper limb NERVE SURGERY?) Choose one of the following answers Please choose only one of the following: Right C Left Both Not informed / not assessed

[]If PREVIOUS HISTORY of RIGHT upper limb NERVE

SURGERY, *

Only answer this question if the following conditions are met: Answer was 'Right' or 'Both ' at question '39 [IstPreNersurg]' (If PREVIOUS HISTORY of upper limb NERVE SURGERY)
Check all that apply
Please choose all that apply:
Musculocutaneous nerve
Axillary nerve
Radial nerve
Posterior interosseous nerve
Median nerve
Anterior interosseous nerve
Ulnar nerve
Not informed / not assessed
[]If PREVIOUS HISTORY of LEFT upper limb NERVE SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '39 [IstPreNersurg]' (If PREVIOUS HISTORY of upper limb NERVE SURGERY)
Check all that apply
Please choose all that apply:
Musculocutaneous nerve
Axillary nerve
Radial nerve
Posterior interosseous nerve
Median nerve
Anterior interosseous nerve
☐ Ulnar nerve
Not informed / not assessed
[]PAST MEDICAL HISTORY of TRAUMATIC BRAIN INJURY?
Choose one of the following answers
Please choose only one of the following:
O Yes
○ No
O Not informed / not assessed
[]PAST MEDICAL HISTORY of SPINAL CORD INJURY? *
Choose one of the following answers
Please choose only one of the following:

O Yes
O No
O Not informed / not assessed
[]If PREVIOUS HISTORY of SPINAL CORD INJURY, *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '43 [yonPreTsci]' (PAST MEDICAL HISTORY of SPINAL CORD INJURY?)
Check all that apply
Please choose all that apply:
☐ Cervical
Thoracic
Lumbar
Not informed / not assessed
[]PAST MEDICAL HISTORY of PAIN? *
Choose one of the following answers
Please choose only one of the following:
O Yes
O No
O Not informed / not assessed
[]Choose the SITE(s) of PREVIOUS PAIN, *
Only answer this question if the following conditions are met: Answer was 'Yes ' at question '45 [yonPrePain]' (PAST MEDICAL HISTORY of PAIN?)
Check all that apply
Please choose all that apply:
Headache / facial pain
☐ Neck pain
☐ Thoracic back pain
Lower back pain
Upper limb pain
Lower limb pain
Fibromyalgia
Not informed / not assessed
Other:
[]if PREVIOUS HISTORY of UPPER LIMB PAIN, *
Only answer this question if the following conditions are met: Answer was at question '46 [mulPrePainSite]' (Choose the SITE(s) of PREVIOUS PAIN,)
Choose one of the following answers
Please choose only one of the following:

Right	
○ Left	
O Both	
Not informed / not assessed	
[]if PREVIOUS HISTORY of LOWER LIMB PAIN,	*
Only answer this question if the following conditions are met: Answer was at question '46 [mulPrePainSite]' (Choose the SITE(s) of PREVIOUS PAIN,)	
Choose one of the following answers	
Please choose only one of the following:	
Right	
○ Left	
O Both	
Not informed / not assessed	

History of present illnes

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.

[]DATE OF THE BRACHIAL PLEXUS INJURY:
Please enter a date:
[]BIRTH DATE:
Please enter a date:
[]{(strtotime(datInjTbpi)- strtotime(datBirthdate))/60/60/24/365.25} *
[] Calculate AGE at the time of INJURY: {(strtotime(datInjTbpi)-
strtotime(datBirthdate))/60/60/24/365.25}
Only answer this question if the following conditions are met: (strtotime(datInjTbpi (/index.php/admin/questions/sa/view/surveyid/765858/gid/631/qid/68116)) - strtotime(datBirthdate (/index.php/admin/questions/sa/view/surveyid/765858/gid/631/qid/68276))) / 60 / 60 / 24 / 365.25
AGE at the time of injury is the difference between the date of the injury and the date of birth p>
[]HISTORY of PRESENT ILLNESS:
Please write your answer here:
[]What is the SIDE OF THE LESION? *

Choose one of the following answers

Please choose only one of the following:
Right
O Left
O Both
Not informed / not assessed
[]Identify the EVENT that led to the RIGHT BRACHIAL PLEXUS INJURY. It is possible to indicate more than one event. *
Only answer this question if the following conditions are met: Answer was 'Right' or 'Both ' at question '56 [IstInjTpbiSide]' (What is the SIDE OF THE LESION?)
Check all that apply
Please choose all that apply:
Auto accident
Motorcycle accident
Occupational accident
Gunshot wound
Sharp laceration or blunt wound
Surgical wound
Radiation injury
Pedestrian vs vehicle
Burn
Tumor invasion
Stretching
Not informed / not assessed
Other:
Select one or more options that identify the events that led to the traumatic brachial plexus injury. []Identify the EVENT that led to the LEFT BRACHIAL PLEXUS INJURY. It is possible to indicate more than one event. *
Only answer this question if the following conditions are met: Answer was 'Both' or 'Left' at question '56 [IstInjTpbiSide]' (What is the SIDE OF THE LESION?)
Check all that apply
Please choose all that apply:
Auto accident
Motorcycle accident
Occupational accident
Gunshot wound
Sharp laceration or blunt wound
Surgical wound
Radiation injury

Pedestrian vs vehicle
Burn
Tumor invasion
☐ Stretching
Not informed / not assessed
Other:
Select one or more options that identify the events that led to the traumatic brachial plexus injury. []Were there FRACTURES ASSOCIATED WITH THE INJURY? *
Choose one of the following answers
Please choose only one of the following:
O Yes
O No
Not informed / not assessed
Did any segment, in the same accident that led to brachial plexus injury, fracture? []Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S) *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '59 [yonInjFracture]' (Were there FRACTURES ASSOCIATED WITH THE INJURY?)
Check all that apply
Please choose all that apply:
☐ Face
Skull
Scapula
Clavicule
Rib
Upper limb
Lower limb
Cervical spine
Thoracic spine
Lumbar spine
Sacrum and/ or coccyx
Pelvis
Not informed / not assessed
[]If FACE FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers

Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]if SKULL FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]if SCAPULA FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
O Not informed / not assessed
[]if CLAVICULE FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers
Please choose only one of the following:
RightLeftBoth
O Not informed / not assessed
[]if RIB FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers

Please choose only one of the following:
Right
O Left
O Both
Not informed / not assessed
[]if RIGHT RIB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '65 [IstInjFractureRib]' (if RIB FRACTURE,)
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 FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '65 [IstInjFractureRib]' (if RIB FRACTURE,)
Check all that apply
Please choose all that apply:
First
Second
☐ Third
Fourth
Fifth
Sixth
Seventh
☐ Eighth
☐ Ninth
☐ Tenth
Eleventh

I wenth
Not informed / not assessed
if UPPER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
Both
Not informed / not assessed
[]if RIGHT UPPER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '68 [IstInjFractureULimb]' (if UPPER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
Glenohumeral
Arm
Elbow
Forearm
── Wrist
Hand
Fingers
Not informed / not assessed
[]if LEFT UPPER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Left' at question '68 [IstInjFractureULimb]' (if UPPER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
Glenohumeral
Arm
Elbow
Forearm
Wrist
Hand
Fingers
☐ Not informed / not assessed

[]if LOWER LIMB FRACTURE, *

Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Choose one of the following answers
Please choose only one of the following:
○ Right
○ Left
O Both
O Not informed / not assessed
[]if RIGHT LOWER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Right' or 'Both ' at question '71 [IstInjFracture Limb]' (if LOWER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
☐ Hip
☐ Thigh
☐ Knee
Leg
Ankle
☐ Foot
☐ Toes
☐ Not informed / not assessed
[]if LEFT LOWER LIMB FRACTURE, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '71 [IstInjFracture Limb]' (if LOWER LIMB FRACTURE,)
Check all that apply
Please choose all that apply:
☐ Hip
Thigh
☐ Knee
Leg
Ankle
Foot
Toes
□ Not informed / not assessed

[]if CERVICAL VERTEBRA FRACTURE,

Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Check all that apply
Please choose all that apply:
□ C1 □ C2 □ C3 □ C4 □ C5 □ C6 □ C7 □ Not informed / not assessed
[]if THORACIC VERTEBRA FRACTURE,
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Check all that apply
Please choose all that apply:
□ T1
□ T3
□ T4□ T5
☐ T6
□ T7
□ T8
□ T9
☐ T10
☐ T11
☐ T12
☐ Not informed / not assessed
[]if LUMBAR VERTEBRA FRACTURE,
Only answer this question if the following conditions are met: Answer was at question '60 [mullnjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))
Check all that apply
Please choose all that apply:
☐ L1

Check all that apply

Please choose all that apply:

 □ Face Skull

Please choose only one of the following:

Right

C Left

Both

Not informed / not assessed []If CLAVICULE ORTHOPEDIC or CRANIOFACIAL SURGERY *
Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If RIB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If RIGHT RIB ORTHOPEDIC or CRANIOFACIAL SURGERY
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '85 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC or CRANIOFACIAL 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 or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Left' or 'Both ' at question '85 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC or CRANIOFACIAL 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 or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
O Not informed / not assessed
[]If RIGHT UPPER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Right' at question '88 [IstInjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC or CRANIOFACIAL 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 or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both ' or 'Left' at question '88 [IstInjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC or CRANIOFACIAL 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 or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If RIGHT LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '91 [IstInjOrtsurgILimb]' (If LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY,)
Check all that apply
Please choose all that apply:

Not informed / not assessed []If CERVICAL SPINE ORTHOPEDIC or CRANIOFACIAL SURGERY,

Only answer this question if the following conditions are met:

Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)

Check all that apply

☐ Ankle Foot

Toes

Please choose all that apply:

□ C1 □ C2

□ C3 □ C4

□ C5

□ C6 □ C7

Not informed / not assessed

[]If THORACIC SPINE ORTHOPEDIC or CRANIOFACIAL

SURGERY,

Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Check all that apply
Please choose all that apply:
□ T3
□ T4 □ T5
☐ T6
□ T7
☐ T8
☐ T9
☐ T10
☐ T11
☐ T12
☐ Not informed / not assessed
[]If LUMBAR SPINE ORTHOPEDIC or CRANIOFACIAL SURGERY,
Only answer this question if the following conditions are met: Answer was at question '80 [mullnjOrtsurgSite]' (Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)?)
Check all that apply
Please choose all that apply:
□ L1
□ L2
□ L3
☐ L4
☐ L5
☐ Not informed / not assessed
[]Was there a TRAUMATIC BRAIN INJURY ASSOCIATED WITH THE INJURY? *
Choose one of the following answers
Please choose only one of the following:
○ Yes
○ No
O Not informed / not assessed
[]Did the accident result in LINCONSCIOUSNESS? *

Choose one of the following answers
Please choose only one of the following: Yes
 No Not informed / not assessed []Did you undergo any BRAIN SURGERY? * Choose one of the following answers
Please choose only one of the following:
YesNoNot informed / not assessed
[]Was there SPINAL CORD INJURY ASSOCIATED WITH THE INJURY? $\ensuremath{^{*}}$
Choose one of the following answers
Please choose only one of the following:
YesNoNot informed / not assessed
$[] \mbox{If SPINAL CORD INJURY ASSOCIATED WITH THE INJURY,} \\ *$
Only answer this question if the following conditions are met: Answer was 'Yes' at question '100 [yonInjTsci]' (Was there SPINAL CORD INJURY ASSOCIATED WITH THE INJURY?)
Check all that apply
Please choose all that apply:
☐ Cervical☐ Thoracic☐ Lumbar☐ Not informed / not assessed
[]Did you use a CHEST TUBE? * Choose one of the following answers
Please choose only one of the following:
YesNoNot informed / not assessed
[]If you used a CHEST TUBE, * Only answer this question if the following conditions are met:

https://limesurvey-indc.numec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/en

Answer was 'Yes' at question '102 [yonInjChesttube]' (Did you use a CHEST TUBE?)

Choose one of the following answers
Please choose only one of the following: Right Left Both Not informed / not assessed Were there VASCULAR LESIONS ASSOCIATED WITH THE INJURY? *
Choose one of the following answers
Please choose only one of the following:
YesNoNot informed / not assessed
[]If VASCULAR LESION ASSOCIATED WITH THE INJURY, * Only answer this question if the following conditions are met: Answer was 'Yes' at question '104 [yonInjVascinj]' (Were there VASCULAR LESIONS ASSOCIATED WITH THE INJURY?)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):
Only answer this question if the following conditions are met: Answer was 'Right' or 'Both' at question '105 [IstInjVascinjSide]' (If VASCULAR LESION ASSOCIATED WITH THE INJURY,)
Check all that apply
Please choose all that apply:
Subclavian artery Subclavian vein Axillary artery Axillary vein Brachial artery Not informed / not assessed

Fistula

Aneurysm

Disruption

Pseudoaneurysm

[]If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s): *

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question '105 [lstlnjVascinjSide]' (If VASCULAR LESION ASSOCIATED WITH THE

INJURY,)	•	. ,	, , ,				
Check all that apply							
Please choose all that	at apply:						
Subclavian art	ery						
Subclavian vei	in						
Axillary artery							
— ☐ Axillary vein							
☐ Brachial artery	1						
Not informed /	not assessed						
[]If RIGHT treatment,	SUBCLAV	'IAN A	RTERY	lesion	, what was	the type of lesion and	
Only answer this qu Answer was at quest INJURY, choose the	ion '106 [mullnjR\	/ascinj]' (If			ON ASSOCI	ATED WITH THE	
Please choose the a	ppropriate respons	se for each	item:				
	Termino-						Not informed / not
	terminal						
	terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Spasm		Graft	Ligature O	Patch	Suture	Tromboembolectomy	
Spasm Fistula	anastomosis	_	_	_	_	Tromboembolectomy O	assessed
Fistula Aneurysm	anastomosis	0	0	0	0	Tromboembolectomy O O	assessed O O
Fistula Aneurysm Pseudoaneurysm	anastomosis O	0	0	0	0	Tromboembolectomy O O O	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption	anastomosis O O	0	0	0	0	0	assessed O O
Fistula Aneurysm Pseudoaneurysm Disruption Thrombosis	anastomosis O O	0	0 0 0	0 0 0	0 0 0	0 0 0	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption	anastomosis O O	0 0 0	0 0 0 0 0	0 0 0	0 0 0	0 0 0	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption Thrombosis Not informed /	anastomosis O O O O O O O O	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption Thrombosis Not informed / not assessed [] If LEFT SUBtreatment, Only answer this qu	anastomosis O O O O O O O O O O O O O O O O O O	O O O O O O O O O O O O O O O O O O O	O O O O O ERY lesi	O O O O O On, what	O O O O was the typ	0 0 0 0 0	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption Thrombosis Not informed / not assessed [] If LEFT SUBtreatment, Only answer this quantum of the second of the se	anastomosis O O O O O O O O O O O O O O O O O O	O O O O O O O O O O O O O O O O O O O	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	O O O O O On, what	O O O O was the typ	O O O O O O o o	assessed O O O
Fistula Aneurysm Pseudoaneurysm Disruption Thrombosis Not informed / not assessed [] If LEFT SUB treatment, Only answer this qu Answer was at quest choose the affected v	anastomosis O O O O O O O O O O O O O O O O O O	O O O O O O O O O O O O O O O O O O O	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	O O O O O On, what	O O O O was the typ	O O O O O O o o	assessed O O O

							Not
	Termino- terminal						informed / not
	anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

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If RIGHT SUBCLAVIAN VEIN lesion, q, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '106 [mullnjRVascinj]' (If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

							Not
	Termino-						informed
	terminal						/ not
	anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed /	0	0	0	0	0	0	0
not assessed							0

[]

If LEFT SUBCLAVIAN VEIN lesion, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '107 [mullnjLVascinj]' (If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termino- terminal						Not informed / not
	anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

If RIGHT AXILLARY ARTERY lesion, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '106 [mullnjRVascinj]' (If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

							Not
	Termino-						informed
	terminal						/ not
	anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneumrysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

If LEFT AXILLARY ARTERY lesion, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '107 [mullnjLVascinj]' (If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

$\begin{tabular}{ll} \hline & If RIGHT AXILLARY VEIN lesion , what was the type of lesion and treatment, \\ \hline \end{tabular}$

Only answer this question if the following conditions are met:

Answer was at question '106 [mullnjRVascinj]' (If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	informed / not assessed
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
	terminal	terminal	terminal anastomosis Graft Ligature O O O O O O O O O O O O O O O O O O O	terminal anastomosis Graft Ligature Patch O	terminal anastomosis Graft Ligature Patch Suture O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	terminal anastomosis Graft Ligature Patch Suture Tromboembolectomy O

[]

N1_4

If LEFT AXILLARY VEIN lesion, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '107 [mullnjLVascinj]' (If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

If RIGHT BRACHIAL ARTERY lesion, what was the type of lesion and

Only answer this question if the following conditions are met:

Answer was at question '106 [mullnjRVascinj]' (If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0
Disruption	0	0	0	0	0	0	0
Thrombosis	0	0	0	0	0	0	0
Not informed / not assessed	0	0	0	0	0	0	0

[] If LEFT BRACHIAL ARTERY lesion, what was the type of lesion and treatment,

Only answer this question if the following conditions are met:

Answer was at question '107 [mullnjLVascinj]' (If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

							Not
	Termino-						informed
	terminal						/ not
	anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	assessed
Spasm	0	0	0	0	0	0	0
Fistula	0	0	0	0	0	0	0
Aneurysm	0	0	0	0	0	0	0
Pseudoaneurysm	0	0	0	0	0	0	0

basis?)

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed	
Disruption	0	0	0	0	0	0	0	
Thrombosis	0	0	0	0	0	0	0	
Not informed / not assessed	0	0	0	0	0	0	0	
[]Do you receive PHYSIOTHERAPY treatment on regular basis? *								
Choose one of the f	following answers							
Please choose only	one of the following	ng:						
O Yes								
O No								
O Not informed	/ not assessed							
[]If you ar PLACE: *	e receivin	g PHY	SIOTHE	ERAPY,	indica	te the		
Only answer this question if the following conditions are met: Answer was 'Yes' at question '118 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)								
Comment only when	n you choose an ar	nswer.						
Please choose all th	nat apply and provi	de a comm	ent:					
Research inst	itution				_			
Other					_			
					7			
☐ 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 '118 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)								
Please enter a date:								
Consider the earlies	st date. If there is n	o informatio	on about the o	day, always	choose the f	irst day of the month.		
Only answer this of Answer was 'Yes' at hasis?)		_			THERAPY t	reatment on regular		

https://limesurvey-indc.numec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/surveyid/765858/lang/enumec.prp.usp.br/index.php/admin/printablesurvey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/survey/sa/index/sa/index/survey/sa/index/sa/ind

Only answer this question if the following conditions are met: Answer was 'Yes' at question '118 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)
[]If you are receiving PHYSIOTHERAPY, indicate the FREQUENCY, *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '118 [yonlnjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)
Choose one of the following answers
Please choose only one of the following:
Once a week
O Twice a week
Three times a week
O Four times a week
Five times a week
More than five times a week
O 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 '118 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)
Check all that apply
Please choose all that apply:
Phototherapy
☐ Thermotherapy
☐ Kinesiotherapy
☐ Eletrotherapy
☐ 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 at question '119 [mullnjPhysioPlace]' (If you are receiving PHYSIOTHERAPY, indicate the PLACE:)
Choose one of the following answers
Please choose only one of the following:
O Yes
O Yes O No

O 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:
O Yes
○ No
O 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:
O Yes
○ No
O Not informed / not assessed
[]Do you use any ORTHESIS? *
Choose one of the following answers
Please choose only one of the following:
○ Yes
○ No
O Not informed / not assessed
[]If you use an ORTHESIS, *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '128 [yonInjOrthesis]' (Do you use any ORTHESIS?)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If you use a RIGHT upper limb ORTHESIS, choose the type(s), \ast
Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '129 [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 positionin	Fingers positioning orthosis							
☐ Not informed / not	Not informed / not assessed							
Other:								
[]If you use a type(s), *	a LEFT upper lir	mb ORTHESIS,	choose the					
	Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '129 [IstInjOrthesisSide]' (If you use an ORTHESIS,)							
Check all that apply								
Please choose all that ap	pply:							
Arm sling								
☐ Shoulder support								
Wrist and fingers	orthosis							
Fingers positionin	g orthosis							
□ Not informed / not	assessed							
Other:								
[]Do you use	any MEDICATI	ON? *						
Choose one of the follow	ring answers							
Please choose only one	of the following:							
Yes, and I know th	neir names							
Yes, but I do not k	now their names							
O No								
O Not informed / not	assessed							
[]If you use I	MEDICATION(S), indicate whic	h one (s),					
	ion if the following condition their names at question		you use any MEDICATION?)					
	Name	Indication	Dosage	Daily frequency				
Opioids								
Antidepressants								
Anticonvulsants	Anticonvulsants							
Neuroleptics								
Supplements/vitamins Supplements/vitamins								
Natural medicines/teas								
Others								
(class/medication): Others								
(class/medication):								

	Name	Indication	Dosage	Daily frequency			
Others							
(class/medication):							
Others							
(class/medication):							
Others							
(class/medication):	Land DDACL	ITAL DI EVILO CI	IDCEDV2 *				
[]Have you e	ever nad BRACE	IIAL PLEXUS SU	JRGERY? *				
Choose one of the follow	ving answers						
Please choose only one	e of the following:						
O Yes							
O No							
Not informed / no	t assessed						
) Not informed / no	r dooddod						
	<u> </u>	correspondent F JRVEYS session					
-	tion if the following conditiestion '134 [yonInjBpsurg]' (Ha	ons are met: ave you ever had BRACHIAL	PLEXUS SURGERY?)				
[]Have you e	ever had any Sl	JRGERY FOR TH	IE PAIN? *				
Choose one of the follow	ving answers						
Please choose only one	e of the following:						
O Yes							
O No							
O Not informed / no	O Not informed / not assessed						
[]For each surgery, fill in a correspondent PAIN SURGERY SURVEY at the SURVEYS session, on NES.							
Only answer this ques	tion if the following conditi	ons are met:					

Answer was 'Yes' at question '136 [IstInjPainsurg]' (Have you ever had any SURGERY FOR THE PAIN?)

Physical Exam []VISUAL INSPECTION *

	Present	RIGHT Absent	Not assessed / inconclusive assessment	Present	LEFT Absent	Not assessed / inconclusive assessment	
Glenohumeral dislocation	0	0	0	0	0	0	
Scapula alata	0	0	0	0	0	0	
Horner's syndrome	0	0	0	0	0	0	
Swelling	0	0	0	0	0	0	
Surgical scar	0	0	0	0	0	0	
Trophic changes	0	0	0	0	0	0	
Only answer this question if the following conditions are met: Answer was 'Present' at question '138 [IstPexInspectio]' (VISUAL INSPECTION (Swelling Label RIGHT)) Check all that apply Please choose all that apply: Scapular region							
Arm Forearm Hand Fingers Segment n	Forearm Hand						
[]If there		ELLING	on the LEF	T side,	indicat	e the	
•			g conditions are me exInspectio]' (VISUAL		N (Swelling La	abel LEFT))	
Check all that ap	ply						
Please choose al	Please choose all that apply:						
 Scapular region Glenohumeral region Arm Forearm Hand Fingers 							

Segment not specified
[]If there is SCAR from plexus surgery on the RIGHT side indicate the LOCATION, *
Only answer this question if the following conditions are met: Answer was 'Present' at question '138 [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 SCAR from plexus surgery on the LEFT side, indicate the LOCATION, \ast
Only answer this question if the following conditions are met: Answer was 'Present' at question '138 [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, indicate the LOCATION, *
Only answer this question if the following conditions are met: Answer was 'Present' at question '138 [IstPexInspectio]' (VISUAL INSPECTION (Trophic changes Label RIGHT))
Please choose the appropriate response for each item:

					Not		
					assessed /		
					inconclusive		
	Atrophy	Hypotrophy	Hypertrophy	Not altered	assessment		
Cervical region	0	0	0	0	0		
Scapular region	0	0	0	0	0		
Glenohumeral	0	0	0	0	0		
Arm	0	0	0	0	0		
Forearm	0	0	0	0	0		
Hand	0	0	0	0	0		
Fingers	0	0	0	0	0		
[]If there are TROPHIC CHANGES on the LEFT side, indicate the LOCATION, * Only answer this question if the following conditions are met:							
Answer was 'Present' Please choose the ap	at question '138	3 [IstPexInspectio]' (TION (Trophic ch	anges Label LEFT)		
					Not		
					assessed /		
					inconclusive		
	Atrophy	Hypotrophy	Hypertrophy	Not altered	assessment		
Cervical region	0	0	0	0	0		
Scapular region	Õ	Õ	Õ	Õ	Õ		
Glenohumeral	ŏ	ŏ	ŏ	ŏ	ŏ		
Arm	ŏ	ŏ	ŏ	Õ	ŏ		
Forearm	ŏ	ŏ	ŏ	ŏ	ŏ		
Hand	0	ŏ	0	0	0		
Fingers	0	0	\sim	$\tilde{}$	0		
_	nostura X						
[]Scoliotic p	ostare						
				No	ot assessed /		
				ir	nconclusive		
	Pres	ent	Absent	а	ssessment		
Scoliosis)	0		0		
[]TINEL SIG	SN *						
Please choose the ap	propriate respor	nse for each item:					
	RIGHT			LEFT			
		Not assessed /			Not assessed /		
		inconclusive			inconclusive		
Present	Absent	assessment	Present	Absent	assessment		
Tinel o	0	0	0	0	0		
[]If there is the LOCATI		SIGN prese	ent on the	RIGHT, i	ndicate		
Only answer this question if the following conditions are met:							
Answer was 'Present' at question '146 [IstPexTinel]' (TINEL SIGN (Tinel sign Label RIGHT)) Check all that apply							
Please choose all tha	t apply:						
Cervical region							

Supraclavicula	r region								
Infraclavicular ı	region								
Scapular region	Scapular region								
Thorax wall									
Glenohumeral									
Arm									
Forearm									
Hand									
Fingers	Fingers								
Segment not s	pecified								
[]If there is LOCATION,		GN present o	n the LEFT,	indicate the					
		ving conditions are met stPexTinel]' (TINEL SIGN		FT))					
Check all that apply									
Please choose all tha	t apply:								
Cervical region									
Supraclavicula	r region								
Infraclavicular ı	region								
Scapular region	n								
☐ Thorax wall									
Glenohumeral	region								
Arm									
Forearm									
 ☐ Hand									
Fingers									
Segment not s	pecified								
[]SENSIBIL	ITY: *								
Please choose the ap	propriate response	for each item:							
		RIGHT		LEFT					
		Not assessed /		Not assessed /					
	Assessed	inconclusive assessment	Assessed	inconclusive assessment					
Superficial tactile	7.000000u	0	0	O					
sensibility Superficial pain									
sensibility	0	0	0	0					
Proprioception: joint position	0	0	0	0					
Proprioception: kinesthesia	0	0	0	0					
Palesthesia	0	0	0	0					

[]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 '149 [IstPexSensation]' (SENSIBILITY: (Superficial tactile sensibility Label RIGHT))

Please choose the appropriate response for each item:

					Not
					assessed /
					inconclusive
	Anesthesia	Hypoesthesia	Hyperesthesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
Т3	0	0	0	0	0

[]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 '149 [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	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
T3	0	0	0	0	0

[]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 '149 [IstPexSensation]' (SENSIBILITY: (Superficial pain sensibility Label RIGHT))

					Not
					assessed /
					inconclusive
	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0

Not

	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessed / inconclusive assessment
C5	O	0	O	0	0
C6	Ö	Ö	Ö	Ö	Ö
C7	Ö	Ö	Ö	Ö	Ö
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
T3	0	0	0	0	0

[]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 '149 [IstPexSensation]' (SENSIBILITY: (Superficial pain sensibility Label LEFT))

Please choose the appropriate response for each item:

					Not assessed / inconclusive
	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
T3	0	0	0	0	0

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

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '149 [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)	0	0	0
Elbow	0	0	0
Shoulder	0	0	0

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

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '149 [IstPexSensation]' (SENSIBILITY: (Proprioception: joint position Label LEFT))

				Not assessed /	
				inconclusive	
	Preserved	Alt	ered	assessment	
Proximal					
interphalangeal (Index finger)	0	(0	0	
Elbow	0	(О	0	
Shoulder	0	(O	0	
[]If proprioc RIGHT, indic	•	ESTHESIA	was assesse	ed on the	
Only answer this quest Answer was 'Assessed' RIGHT))	_			on: kinesthesia Label	
Please choose the appr	ropriate response for ε	each item:			
				Not assessed /	
				inconclusive	
	Preserved	Alt	ered	assessment	
Proximal					
interphalangeal	0	(O	0	
(Index finger)			_		
Elbow		(<u>) </u>	0	
Shoulder	U	ECTUECTA ()		
[]If proprioc LEFT, indicat Only answer this ques	te, *			su on the	
Answer was 'Assessed' LEFT))	at question '149 [lstPe	exSensation]' (SENS	IBILITY: (Propriocepti	on: kinesthesia Label	
Please choose the appr	ropriate response for e	each item:			
				Not assessed /	
				inconclusive	
	Preserved	Alt	ered	assessment	
Proximal					
interphalangeal	0	(C	0	
(Index finger)					
Elbow		()	0	
Shoulder	0	. ()	0	
[]If PALLEST	HESIA was	assessed o	n the RIGH	T, indicate, *	
Only answer this ques Answer was 'Assessed'	_			Label RIGHT))	
Please choose the appr	ropriate response for e	each item:			
				Not assessed /	
				inconclusive	
	Present	Apalesthesia	Hypopalesthesia	assessment	
Lateral third of	\circ			0	
clavicule		0	O	O	
Lateral epicondyle	0	0	0	0	
of the humerus Head of the ulna					
i load of the dilla	0	0	0		

[]If PALLESTHESIA was assessed on the LEFT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '149 [lstPexSensation]' (SENSIBILITY: (Palesthesia Label LEFT))

Please choose	e the appropri	ate response fo	or each item:				
		Present	Apalesthesia	Hypopales	Not assessed / inconclusive assessment		
Lateral third clavicule	of	0	0	0	0		
Lateral epico of the humer	-	0	0	0	0		
Head of the	ulna	0	0	0	0		
[]MOTR	ICITY >	k					
		ate response fo	or each item:				
		RIGHT			LEFT		
			assessed /		Not assessed /		
	Assessed		ive assessment	Assessed	inconclusive assessment		
Range of motion	0		0	0	0		
Strength	0		0	0	Ο		
	NGE OF	MOTIO	N was asses	sed on t	he RIGHT: *		
-	-		ng conditions are me stPexMotor]' (MOTRIC		notion Label RIGHT))		
Please choose	e the appropri	ate response fo	or each item:				
				Not a	ssessed / inconclusive		
		As	sessed		assessment		
Shoulder flex	kion		0		0		
Shoulder ext	ension	0		0			
Shoulder abo	duction	Ö		O			
Shoulder ext	ernal	0					
rotation			O		O		
Elbow flexion	า		0		0		
Elbow extens	sion		0		0		
Forearm sup	ination		0		0		
Forearm pro	nation		Ô		Ö		
Wrist flexion			0		Ö		
Wrist extens	ion		0		0		
[]If RAI	NGE OF	MOTIO	N was asses	sed on t	he LEFT: *		
-	-		ng conditions are me stPexMotor]' (MOTRIC		notion Label LEFT))		
Please choose	e the appropri	ate response fo	or each item:				
				Not a	ssessed / inconclusive		
		As	sessed		assessment		
Shoulder flex	kion		0		0		
Shoulder ext	ension		Ö		Ö		
Shoulder abo	duction		Ŏ		Ŏ		
Shoulder ext	ernal		_		-		
rotation			O		O		
Elbow flexion	า		0		0		

Not assessed / inconclusive

	Assessed	assessment
Elbow extension	0	0
Forearm supination	0	0
Forearm Pronation	Ö	Ö
Wrist flexion	0	0
Wrist extension	0	0
[]Right shoulder fle	xion (in deg	rees): *
Only answer this question if the for Answer was 'Assessed' at question ' (Shoulder flexion))	_	re met: RANGE OF MOTION was assessed on the RIGHT:
Only numbers may be entered in this	s field.	
Please write your answer here:		
[]Left shoulder flex	ion (in degre	ees): *
Only answer this question if the formal Answer was 'Assessed' at question ' (Shoulder flexion))	_	re met: ANGE OF MOTION was assessed on the LEFT:
Only numbers may be entered in this	s field.	
Please write your answer here:		
[]Right shoulder ex	tension (in a	degrees): *
Only answer this question if the for Answer was 'Assessed' at question ' (Shoulder extension))	•	re met: RANGE OF MOTION was assessed on the RIGHT:
Only numbers may be entered in this	s field.	
Please write your answer here:		
[]Left shoulder exte	ension (in de	egrees): *
Only answer this question if the for Answer was 'Assessed' at question ' (Shoulder extension))	_	re met: ANGE OF MOTION was assessed on the LEFT:
Only numbers may be entered in this	s field.	
Please write your answer here:		
[]Right shoulder ab	duction (in	degrees): *
Only answer this question if the for Answer was 'Assessed' at question '	=	re met: RANGE OF MOTION was assessed on the RIGHT:

Answer was 'Assessed' at question '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [lstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (Forearm Pronation))

Only numbers may be	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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (Wrist flexion))								
Only numbers may be	entered in th	is field.						
Please write your answ	ver here:							
[]Left wrist	flexion	(in de	grees)	: *				
Only answer this que Answer was 'Assessed (Wrist flexion))		_			MOTION was	s assessed	d on the LEFT:	
Only numbers may be	entered in th	is field.						
Please write your answ	wer here:							
[]Right wris	t exten	sion (i	in degr	ees):	*			
Only answer this que Answer was 'Assessed (Wrist extension))		_			MOTION was	s assesse	d on the RIGHT:	
Only numbers may be	entered in th	is field.						
Please write your answ	ver here:							
[]Left wrist	extens	ion (in	degre	es): *				
Only answer this que Answer was 'Assessed (Wrist extension))		_			MOTION was	s assessed	d on the LEFT:	
Only numbers may be	entered in th	is field.						
Please write your answ	ver here:							
[]If MUSCUI	LAR ST	RENG	ΓH was	asses	sed on	the F	RIGHT: *	
Only answer this que Answer was 'Assessed		_			trength Labe	el RIGHT))		
Please choose the app	oropriate resp	onse for ea	ch item:					
	0	1	2	3	4	5	Not assessed / inconclusive assessment	
Shoulder flexion	Ö	0	0	Ö	Ö	Ö	0	

Not

	0	1	2	3	4	5	assessed / inconclusive assessment
Shoulder abduction	0	0	0	0	0	0	0
Shoulder external rotation	0	0	0	0	0	0	0
Shoulder internal rotation	0	0	0	0	0	0	0
Scapula elevation	0	0	0	0	0	0	0
Scapula abduction and superior rotation	0	0	0	0	0	0	0
Elbow flexion	0	0	0	0	0	0	0
Elbow extension	0	0	0	0	0	0	0
Wrist extension	0	0	0	0	0	0	0
Wrist flexion	0	0	0	0	0	0	0
Fingers flexion	0	0	0	0	0	0	0
Fingers extension	0	0	0	0	0	0	0
Fingers abduction	0	0	0	0	0	0	0
Fingers adduction	0	0	0	0	0	0	0
Thumb opponency	0	0	0	0	0	0	0

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

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '160 [IstPexMotor]' (MOTRICITY (Strength Label LEFT))

	0	4	0	0	4	-	Not assessed / inconclusive
Shoulder flexion	0	1	2	3	4	5	assessment
	O	0	0	0	0	0	0
Shoulder abduction	\circ	0	0	0	0	0	0
Shoulder internal rotation	0	0	0	0	0	0	0
Shoulder external rotation	0	0	0	0	0	0	0
Scapula elevation	0	0	0	0	0	0	0
Scapula abduction and superior rotation	0	0	0	0	0	0	0
Elbow flexion	0	0	0	0	0	0	0
Elbow extension	0	0	0	0	0	0	0
Wrist extension	0	0	0	0	0	0	0
Wrist flexion	0	0	0	0	0	0	0

Not assessed / inconclusive 5 assessment Fingers flexion 0 0 Fingers extension **Fingers** \bigcirc abduction Fingers adduction Thumb 0 \bigcirc 0 opponency []Do you experience PAIN SINCE the INJURY? * Choose one of the following answers Please choose only one of the following: Yes O No Not informed / not assessed []What was the suggested DIAGNOSIS? * Please choose the appropriate response for each item: **RIGHT** LEFT **Brachial Plexus Injury** 0 0 No injuries \bigcirc 0 Injury other than brachial plexus 0 Inconclusive / not assessed Taking into account the physical exam and complementary exams. []If RIGHT BRACHIAL PLEXUS INJURY, * Only answer this question if the following conditions are met: Answer was 'Brachial Plexus Injury' at question '186 [IstPexDiagnosis]' (What was the suggested DIAGNOSIS? (RIGHT)) Check all that apply Please choose all that apply: Upper trunk C5-C6 Extended superior trunk C5-C7 Lower trunk C8-T1 Complete C5-T1 Anterior division Posterior division Lateral cord Posterior cord Medial cord Terminal branches

Not assessed / inconclusive assessment
Taking into account the physical exam and complementary exams. []If LEFT BRACHIAL PLEXUS INJURY, *
Only answer this question if the following conditions are met: Answer was 'Brachial Plexus Injury' at question '186 [IstPexDiagnosis]' (What was the suggested DIAGNOSIS? (LEFT))
Check all that apply
Please choose all that apply:
Upper trunk C5-C6
Extended superior trunk C5-C7
Lower trunk C8-T1
Complete C5-T1
Anterior division
Posterior division
Lateral cord
Posterior cord
Medial cord
Terminal branches
Not assessed / inconclusive assessment
Taking into account the physical exam and complementary exams.

Thank you for answering these questions.

Submit your survey.

Thank you for completing this survey.