

# Unified Admission Assessment

Past medical history

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 188 questions in this survey

## Past medical history

For additional 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
- ☐ Clavicle
- ☐ 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:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ 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:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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
- ☐ Both
- ☐ 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
- ☐ 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 [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 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
- ☐ Both
- ☐ 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
- ☐ Hand
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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 [1stPreFractureLimb]' (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 [1stPreFractureLimb]' (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

Please choose **all** that apply:

- ☐ C1
- ☐ C2

- ☐ C3
- ☐ C4
- ☐ C5
- ☐ 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
- ☐ T4
- ☐ 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
- ☐ L3
- ☐ L4
- ☐ L5
- ☐ Not informed / not assessed

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

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 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
- ☐ Clavicle
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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:

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

**[ ]If PREVIOUS RIGHT RIB ORTHOPEDIC or CRANIOFACIAL**



## 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
- ☐ Eighth
- ☐ Ninth
- ☐ Tenth
- ☐ Eleventh
- ☐ Twelfth
- ☐ Not informed / not assessed

## [ ]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
- ☐ 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 [1stPreOrtsurgULimb]' (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 [1stPreOrtsurgULimb]' (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 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 [lstPreOrtsurgLimb]' (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 [lstPreOrtsurgLimb]' (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 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:

- ☐ Yes
- ☐ 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:

- ☐ Yes
- ☐ 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
- ☐ 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 [1stPreNersurg]' (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 [1stPreNersurg]' (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:

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

## [ ]PAST MEDICAL HISTORY of SPINAL CORD INJURY? \*

Choose one of the following answers

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

- ☐ Yes
- ☐ No
- ☐ 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:

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



## 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.

[ ]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
- ☐ Left
- ☐ 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:

- ☐ Yes
- ☐ 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
- ☐ Clavicle
- ☐ 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 [mulInjFractureSite]' (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 SKULL FRACTURE, \*

**Only answer this question if the following conditions are met:**

Answer was at question '60 [multFractureSite]' (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 SCAPULA FRACTURE, \*

**Only answer this question if the following conditions are met:**

Answer was at question '60 [multFractureSite]' (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 CLAVICULE FRACTURE, \*

**Only answer this question if the following conditions are met:**

Answer was at question '60 [multFractureSite]' (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 RIB FRACTURE, \*

**Only answer this question if the following conditions are met:**

Answer was at question '60 [multFractureSite]' (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 RIB FRACTURE, \*

**Only answer this question if the following conditions are met:**

Answer was 'Both ' or 'Right' at question '65 [!st!njFractureRib]' (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 [!st!njFractureRib]' (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 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 [lstlnjFractureULimb]' (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 [lstlnjFractureULimb]' (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
- ☐ Both
- ☐ 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 [lstlnjFractureLimb]' (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 [lstlnjFractureLimb]' (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 [multInjFractureSite]' (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 [multInjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))

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 LUMBAR VERTEBRA FRACTURE,

**Only answer this question if the following conditions are met:**

Answer was at question '60 [multInjFractureSite]' (Choose the SITE(S) of the INJURY ASSOCIATED FRACTURE(S))

Check all that apply

Please choose **all** that apply:

- ☐ L1



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

**[ ] Was there INJURY ASSOCIATED GLENOUMERAL DISLOCATION? \***

Choose one of the following answers

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

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

**[ ] If INJURY ASSOCIATED GLENOUMERAL DISLOCATION, \***

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '77 [yonInjDisloc]' (Was there INJURY ASSOCIATED GLENOUMERAL DISLOCATION?)

Choose one of the following answers

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

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

**[ ] Have you had ORTHOPEDIC or CRANIOFACIAL SURGERY? \***

Choose one of the following answers

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

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

**[ ] Choose the SITE (S) of ORTHOPEDIC or CRANIOFACIAL SURGERY (IES)? \***

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '79 [yonInjOrtsurg]' (Have you had ORTHOPEDIC or CRANIOFACIAL SURGERY?)

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 FACE 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
- ☐ Both
- ☐ Not informed / not assessed

### [ ]If SKULL 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
- ☐ Both
- ☐ Not informed / not assessed

### [ ]If SCAPULA 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
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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
- ☐ Left
- ☐ Both
- ☐ 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 [lstlnjOrtsurgRib]' (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 [mullInjOrtsurgSite]' (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
- ☐ Both
- ☐ 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 [!stlnjOrtsurgULimb]' (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:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not 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 [!stlnjOrtsurgLLimb]' (If 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 LEFT LOWER LIMB ORTHOPEDIC or CRANIOFACIAL SURGERY, \*

**Only answer this question if the following conditions are met:**

Answer was 'Left' or 'Both' at question '91 [!st!njOrtsurgLimb]' (If 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 CERVICAL SPINE ORTHOPEDIC or CRANIOFACIAL SURGERY,

**Only answer this question if the following conditions are met:**

Answer was at question '80 [mull!njOrtsurgSite]' (Choose the SITE (S) of 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 THORACIC SPINE ORTHOPEDIC or CRANIOFACIAL

## SURGERY,

**Only answer this question if the following conditions are met:**

Answer was at question '80 [multiselectOrturgSite]' (Choose the SITE (S) of 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 LUMBAR SPINE ORTHOPEDIC or CRANIOFACIAL SURGERY,

**Only answer this question if the following conditions are met:**

Answer was at question '80 [multiselectOrturgSite]' (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

☐ Not informed / not assessed

## [ ]Did the accident result in UNCONSCIOUSNESS? \*

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:

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

**[ ]Was there SPINAL CORD INJURY ASSOCIATED WITH THE INJURY? \***

Choose one of the following answers

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

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

**[ ]If SPINAL CORD INJURY ASSOCIATED WITH THE INJURY, \***

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '100 [yonInjTscij]' (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:

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

**[ ]If you used a CHEST TUBE, \***

**Only answer this question if the following conditions are met:**

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:

- ☐ Yes
- ☐ No
- ☐ Not 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:

- ☐ Right
- ☐ Left
- ☐ Both
- ☐ Not 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

## []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 [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

## []If RIGHT SUBCLAVIAN 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 [mulInjRVascInj]' (If RIGHT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termo- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Spasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## []If LEFT SUBCLAVIAN 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 [mulInjLVascInj]' (If LEFT VASCULAR LESION ASSOCIATED WITH THE INJURY, choose the affected vessel(s):)

Please choose the appropriate response for each item:

	Termo- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Spasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

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 [mulInjRVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

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 [mulInjLVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

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 [mulInjRVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

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 [mulInjLVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

If RIGHT 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 '106 [mulInjRVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[]

## 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 [mulInjLVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[[

## If RIGHT 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 '106 [mulInjRVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[[

## 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 [mulInjLVascinj]' (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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fistula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pseudoaneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Termino- terminal anastomosis	Graft	Ligature	Patch	Suture	Tromboembolectomy	Not informed / not assessed
Disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not informed / not assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[]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 '118 [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:

☐ 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 '118 [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.

**[]**

**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?)

[]

**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 [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 '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 [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 '128 [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 '129 [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 '129 [IstInjOrthosisSide]' (If you use an ORTHESIS,)

Check all that apply

Please choose **all** that apply:

- ☐ Arm sling
- ☐ Shoulder support
- ☐ Wrist and fingers 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 do not know their names
- ☐ No
- ☐ 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 '132 [yonInjMedicatio]' (Do you use any MEDICATION?)

	Name	Indication	Dosage	Daily frequency
Opioids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Antidepressants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anticonvulsants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neuroleptics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplements/vitamins	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Natural medicines/teas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (class/medication):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (class/medication):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Name	Indication	Dosage	Daily frequency
Others (class/medication):				
Others (class/medication):				
Others (class/medication):				

**[]Have you ever had BRACHIAL PLEXUS SURGERY? \***

Choose one of the following answers

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

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

**[]For each surgery, fill in a correspondent PLEXUS SURGERY SURVEY at the SURVEYS session, on NES.**

**Only answer this question if the following conditions are met:**

Answer was 'Yes' at question '134 [yonlnjBpsurg]' (Have you ever had BRACHIAL PLEXUS SURGERY?)

**[]Have you ever had any SURGERY FOR THE PAIN? \***

Choose one of the following answers

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

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

**[]For each surgery, fill in a correspondent PAIN SURGERY SURVEY at the SURVEYS session, on NES.**

**Only answer this question if the following conditions are met:**

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

## 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 '138 [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 '138 [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 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, \*

**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:

	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	<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, 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 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	<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 present on the RIGHT, indicate the LOCATION, \***

**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** that apply:

☐ Cervical region

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

**[ ]If there is TINEL SIGN present on the LEFT, indicate the LOCATION, \***

**Only answer this question if the following conditions are met:**

Answer was 'Present' at question '146 [IstPexTinel]' (TINEL SIGN (Tinel sign Label LEFT))

Check all that apply

Please choose **all** that apply:

- ☐ Cervical region
- ☐ Supraclavicular region
- ☐ Infraclavicular region
- ☐ Scapular region
- ☐ Thorax wall
- ☐ 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 '149 [1stPexSensation]' (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 '149 [1stPexSensation]' (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 '149 [1stPexSensation]' (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 '149 [1stPexSensation]' (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 assessed on the RIGHT, indicate, \*

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (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 assessed on the LEFT, indicate, \*

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (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 assessed on the RIGHT, indicate, \***

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (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 assessed on the LEFT, indicate, \***

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (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 assessed on the RIGHT, indicate, \***

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (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 assessed on the LEFT, indicate, \*

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '149 [1stPexSensation]' (SENSIBILITY: (Palesthesia Label LEFT))

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"/>

## [ ]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 assessed on the RIGHT: \*

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '160 [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 assessed on the LEFT: \*

**Only answer this question if the following conditions are met:**

Answer was 'Assessed' at question '160 [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"/>
Shoulder external rotation	<input type="radio"/>	<input type="radio"/>
Elbow flexion	<input type="radio"/>	<input type="radio"/>

	Assessed	Not assessed / inconclusive assessment
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 '161 [1stPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT:  
(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 '162 [1stPexRomL]' (If RANGE OF MOTION was assessed on the LEFT:  
(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 '161 [1stPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT:  
(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 '162 [1stPexRomL]' (If RANGE OF MOTION was assessed on the LEFT:  
(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 '161 [1stPexRomR]' (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 [IstPexRomR]' (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 [1stPexRomR]' (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 [1stPexRomL]' (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 [1stPexRomR]' (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 [1stPexRomL]' (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 [1stPexRomR]' (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 [1stPexRomL]' (If RANGE OF MOTION was assessed on the LEFT:  
(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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '161 [IstPexRomR]' (If RANGE OF MOTION was assessed on the RIGHT: (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 '162 [IstPexRomL]' (If RANGE OF MOTION was assessed on the LEFT: (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 '160 [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"/>

	0	1	2	3	4	5	Not assessed / inconclusive assessment
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 '160 [1stPexMotor]' (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 internal rotation	<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"/>
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"/>

	0	1	2	3	4	5	Not assessed / inconclusive assessment
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 PAIN SINCE the INJURY? \***

Choose one of the following answers

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

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

**[ ]What was the suggested DIAGNOSIS? \***

Please choose the appropriate response for each item:

	RIGHT	LEFT
Brachial Plexus Injury	<input type="radio"/>	<input type="radio"/>
No injuries	<input type="radio"/>	<input type="radio"/>
Injury other than brachial plexus	<input type="radio"/>	<input type="radio"/>
Inconclusive / not assessed	<input type="radio"/>	<input type="radio"/>

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.