

APPENDIX I. Post-Operative Questionnaires

**PATIENT SURVEY POST-OP, LOCAL-ONLY AND W/SEDATION**

**Please take your most recent carpal tunnel release surgery into consideration when answering the following questions.**

1. If you had to have carpal tunnel surgery over again and given a choice, would you prefer to be awake for the surgery, to be sedated, or to be completely asleep? Circle one:
  - a. Be completely awake (i.e. doctor uses only local anesthetic)
  - b. Be sedated (i.e. medicine given to make you drowsy or sedated in addition to local anesthetic)
  - c. Completely asleep
  
2. How did the carpal tunnel surgery compare to having a procedure at the dentist, such as a filling or tooth extraction? Circle one:
  - a. Less pain than a dental procedure
  - b. More pain than a dental procedure
  - c. The same as a dental procedure
  - d. I don't know, because I have never had a dental procedure
  
3. In addition to seeing your surgeon before surgery, did you need to have one or more appointments (blood work, chest x-ray etc.) for medical clearance before your surgery visit to a hospital or clinic before the day of your surgery? Please circle one: YES or NO

If yes, how long did each visit (other than the appointment with your surgeon) take? Please record the number of hours it took from the time you arrived until the time you left the building.

First visit \_\_\_\_\_ (number of hours)

Second visit \_\_\_\_\_ (number of hours)

Other visits \_\_\_\_\_ (number of hours)

4. Did you have any other tests done before surgery? Please circle one: YES or NO

If yes, circle all the tests you had:

- a. Blood test
- b. Heart test (i.e. EKG)
- c. Chest xray
- d. Nerve test
- e. Other: \_\_\_\_\_

5. Did you need to stay in hospital overnight after the surgery? Please circle one: YES or NO

6. Did you have any nausea and or vomiting after the surgery? Please circle one: YES or NO

7. Did you have any respiratory or breathing issues after the surgery? Please circle one: YES or NO

8. How many hours did you spend at the hospital or clinic on the day of your carpal tunnel surgery?  
\_\_\_\_\_ (number of hours)

9. How bad was the worst of your pain after the surgery? Make a single mark on the line that represents the intensity of your pain.



**0**  
**None**  
**(No**  
**pain)**

**10**  
**Agonizing**  
**(Worst possible pain)**

10. What medication(s) did you take for pain after your surgery? Please circle all that apply:

- a. Acetaminophen (Tylenol)
- b. Ibuprofen (Advil), aspirin (Bayer Aspirin) or naproxen (Aleve)
- c. Narcotic (Percocet (acetaminophen and oxycodone), Vicodin (acetaminophen and hydrocodone), Roxicodone (Oxycodone Hydrochloride))
- d. None
- e. Other: (Please list): \_\_\_\_\_

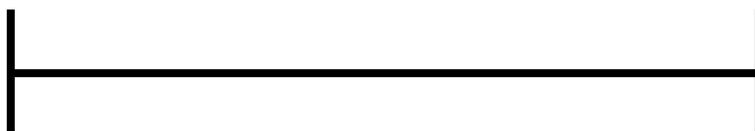
Please answer if you selected "a", "b", and/or "c" in question 10.

Did the medication handle the pain to your satisfaction? Please circle one:  
YES or NO

11. Was a tourniquet (tight pressure cuff around your arm) used during surgery? Please circle one:

YES                      NO                      I DON'T KNOW

12. If yes, how much pain did this cause during surgery? Make a single mark on the line that represents the intensity of your pain.



**0**

**10**

**None  
(No  
pain)**

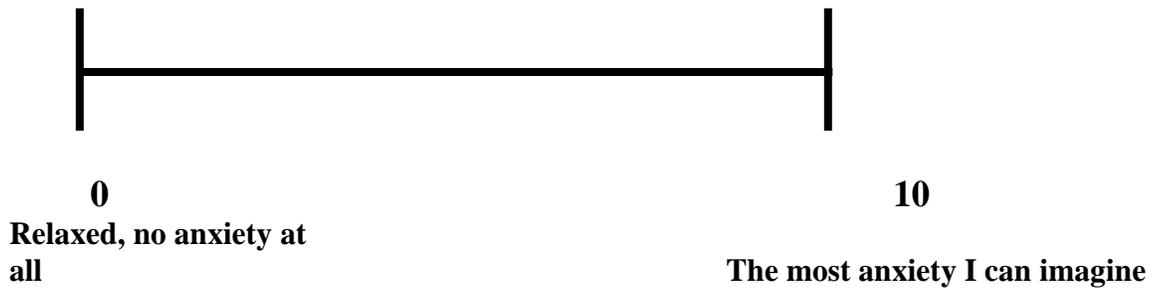
**Agonizing  
(Worst possible pain)**

13. How anxious (nervous) were you about the carpal tunnel surgery? Make a single mark on the line that represents the anxiety you felt

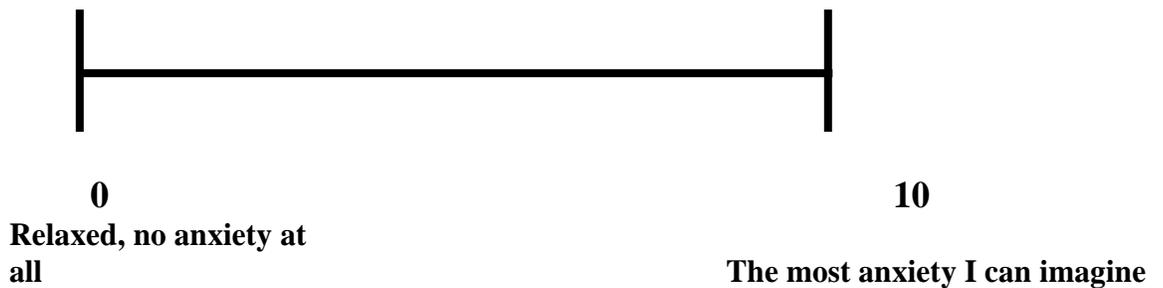
a. Before surgery?



b. During surgery?



c. After surgery?

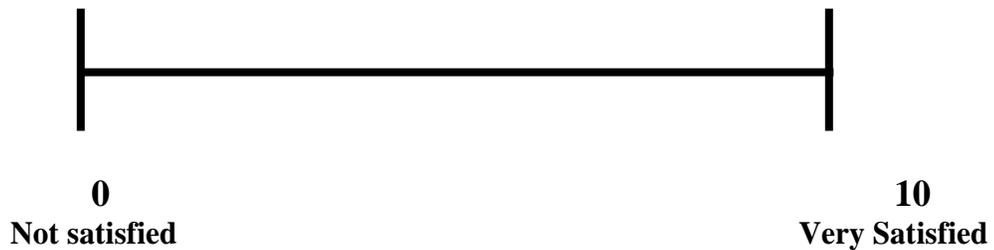


14. Did you eat on the morning of surgery? Please circle one: YES or NO

15. Did you provide your own transportation to and from the surgery? Please circle one:  
YES or NO

16. If you are employed, how many days after the surgery did you go back to work?
- a. I went back to work the same day as my surgery.
  - b. It has been \_\_\_\_ days since my surgery, and I still haven't gone back to work.
  - c. I am currently unemployed.

17. Please mark on the line how satisfied you were with your surgery



### **PATIENT SURVEY IN FOLLOW-UP (POST-OP 2 AND 6-WEEK)**

**Please mark on the line below which surgery you preferred?**

