

## Appendix 1

### Hypoplastic Thumb Assessment Form

#### Subjective assessment: Parents' satisfaction

1. Are you satisfied with the cosmetic outcome of the reconstructed thumb?  
☐ Yes ☐ No
2. Are you satisfied with the function of the reconstructed thumb?  
☐ Yes ☐ No
3. Are you satisfied with the cosmetic outcome of the donor foot?  
☐ Yes ☐ No
4. Are you satisfied with the function of the donor foot?  
☐ Yes ☐ No
5. Will you choose the same procedure for your child again and achieve a 5-digit hand?  
☐ Yes ☐ No, I would choose pollicization
6. Will you recommend this procedure to other parents with children with similar condition?  
☐ Yes ☐ No

#### Objective assessment

1	Kapandji Score	
2	Pinch strength	
3	Gripping of large object (500ml Plastic water bottle)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Gripping of small object (Plastic beads 0.5cm)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Foot function (walking, running, hopping)	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Foot deformity	Yes <input type="checkbox"/> No <input type="checkbox"/>