

Supplementary material

Appendix 1

Interview Guide for qualitative interviews performed in phase 1

Experience of care

1. What treatments have you had for your condition?
2. What was good or bad about the treatment?
3. If the participant has had surgery:
 - a. What was your experience of the anaesthetic used? Probe: general anaesthetic, block, local
 - b. Would you have considered having treatment under local anaesthetic? Probe: why, why not
4. Who do you see when you come to the hospital clinic? Probe: receptionist, nurse, doctor, occupational therapist
5. What are the people like who care for you? Probe: friendly, made you feel comfortable, easy to talk to, listened to you
6. What kind of verbal and written information did they give you? Probe: gave enough information, let you ask questions, answered your questions, provided information about recovery

Physical function

1. Does your condition create any functional problems? Probe: work, personal care, hobbies
2. What specific things do you have difficulty with due to your hand problem? Probe: getting dressed, cooking, typing, sport
3. Do you experience any symptoms related to your functional problem? Probe: pain, discomfort, embarrassment, mood disturbance

Psychological well-being

1. How does your hand problem make you feel? Probe: frustrated, angry, upset, worried, stressed
2. How does your hand problem make you feel about yourself? Probe: self esteem, body image, confidence, self-conscious, different from others

Appearance

1. How would you describe the appearance of your hand/s? Probe: from close up, from far away, symmetry, texture, attractiveness
2. How has your hand appearance changed since your treatment? Probe: scarring, descriptive detail
3. What do you like or dislike about your hand appearance?
4. Is there anything about your hand appearance that you would like to change? Probe: for details
5. Do you ever hide your hands? How do you do this?

6. How important is the appearance of your hands to you?

Other

1. Is there anything I have not asked you that you think it is important for me to know?
2. Would you like to receive a copy of the transcript from today's discussion?
3. Would you be interested in participating in Cognitive Interview?

APPENDIX 2: COREQ: Consolidated criteria for reporting qualitative research: a 32-item checklist for interviews and focus groups

Section/Topic	Item No	Checklist item	Reported on page No
Domain 1: Research team and reflexivity			
Personal Characteristics			
<i>Interviewer/facilitator</i>	1	Which author/s conducted the interview or focus group? Interviewer/facilitator	7
<i>Credentials</i>	2	What were the researcher's credentials? E.g. PhD, MD	Title page
<i>Occupation</i>	3	What was their occupation at the time of the study?	Title page
<i>Gender</i>	4	Was the researcher male or female?	Not relevant
<i>Experience and training</i>	5	What experience or training did the researcher have? Relationship with participants	7
Relationship with participants			
<i>Relationship established</i>	6	Was a relationship established prior to study commencement?	7
<i>Participant knowledge of the interviewer</i>	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	7
<i>Interviewer characteristics</i>	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	7
Domain 2: study design			
Theoretical framework			
<i>Methodological orientation and Theory</i>	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	6
Participant selection			
<i>Sampling</i>	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	6
<i>Method of approach</i>	11	How were participants approached? e.g. face-to-face, telephone, mail, email	6-7
<i>Sample size</i>	12	How many participants were in the study?	10
<i>Non-participation</i>	13	How many people refused to participate or dropped out? Reasons?	10
<i>Setting of data collection</i>	14	Where was the data collected? e.g. home, clinic, workplace	10
<i>Presence of non-participants</i>	15	Was anyone else present besides the participants and researchers?	-
<i>Description of sample</i>	16	What are the important characteristics of the sample? e.g. demographic data, date	10
Data collection			
<i>Interview guide</i>	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Supplementary material
<i>Repeat interviews</i>	18	Were repeat interviews carried out? If yes, how many?	
<i>Audio/visual recording</i>	19	Did the research use audio or visual recording to collect the data?	7
<i>Field notes</i>	20	Were field notes made during and/or after the interview or focus group?	7
<i>Duration</i>	21	What was the duration of the interviews or focus group?	10
<i>Data saturation</i>	22	Was data saturation discussed?	8
<i>Transcripts returned</i>	23	Were transcripts returned to participants for comment and/or	-

		correction?	
Domain 3: analysis and findings			
Data analysis			
<i>Number of data coders</i>	24	How many data coders coded the data?	8
<i>Description of the coding tree</i>	25	Did authors provide a description of the coding tree?	10-11
<i>Derivation of themes</i>	26	Were themes identified in advance or derived from the data?	7
<i>Software</i>	27	What software, if applicable, was used to manage the data?	7
<i>Participant checking</i>	28	Did participants provide feedback on the findings?	8-9
Reporting			
<i>Quotations presented</i>	29	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Table 1
<i>Data and findings consistent</i>	30	Was there consistency between the data presented and the findings?	Table 1
<i>Clarity of major themes</i>	31	Were major themes clearly presented in the findings?	10, Table 1
<i>Clarity of minor themes</i>	32	Is there a description of diverse cases or discussion of minor themes?	10-11, Table1,2

APPENDIX 3: Examples of coding schema of the Stage 1 concept elicitation interviews

Participant quote	Item	Top-level domain	Sub-domain	Theme	Sub-theme
<i>This one has been a real pain in the proverbial here, it's still aching, it has not stopped aching, it drives me insane at night because it, during the day I don't seem to notice it but at night it aches and it's still aching, it's aching up here today</i> (Participant with osteoarthritis)	My hand has not stopped aching	Physical	Symptom	Pain	Type – ache
	My hand pain drives me insane at night	Physical	Function – experience	Sleep	Disturbed
<i>Well in my hands it causes me disability, being unable to clothe myself, I have to have special knives and forks. I find that I find it difficult to do up buttons. I like writing and I find it difficult to write, but I do write</i> (Participant with rheumatoid arthritis)	I have been unable to clothe myself	Physical	Function - Impact	ADL	Dressing
	I have special knives and forks	Physical	Function - Impact	Accommodation	Special knives, forks
	I find it difficult to do up buttons	Physical	Function - Impact	ADL	Dressing – buttons
	I find it difficult to write	Physical	Function - Impact	IADL	Writing
<i>It's just I'm aware that it's going to hurt, and I don't like it. I uh, it saddens me, it depresses me, it's frustrating and it can be embarrassing</i> (Participant with	It saddens me that my hand is going to hurt	Psychological	Distress	Being down	Sad
	My hand pain depresses me	Psychological	Distress	Being down	Depressed

carpal tunnel syndrome)	My hand pain is frustrating	Psychological	Distress	Irritation	Frustration
	My hand pain can be embarrassing	Psychological	Distress	Self-conscious	Embarrassing

ADL, activities of daily living; IADL, instrumental activities of daily living

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Appendix 4: HAND-Q© - FIELDTEST VERSION

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APPEARANCE

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
1. How your hands look from <u>far away</u> ?	1	2	3	4
2. How the <u>palms</u> of your hands look?	1	2	3	4
3. How <u>straight</u> your fingers and thumbs look?	1	2	3	4
4. The <u>size</u> of your fingers and thumbs?	1	2	3	4
5. The <u>shape</u> of your fingers and thumbs?	1	2	3	4
6. How your fingers and thumbs <u>line up</u> with each other?	1	2	3	4
7. How well your fingers <u>match</u> each other?	1	2	3	4
8. How your <u>finger nails</u> look?	1	2	3	4
9. How your <u>knuckles</u> look?	1	2	3	4
10. The <u>size</u> of your knuckles?	1	2	3	4
11. The <u>shape</u> of your knuckles?	1	2	3	4
12. How your hands look when you <u>rest your palms</u> on a table?	1	2	3	4
13. How your hands look when you <u>wave</u> at someone?	1	2	3	4
14. How your hands look when you <u>hold a glass</u> ?	1	2	3	4
15. How your hands look <u>compared with other people's</u> hands?	1	2	3	4
16. How <u>normal</u> your hands look?	1	2	3	4
17. How <u>masculine or feminine</u> your hands look?	1	2	3	4
18. How <u>well proportioned</u> your hands look (ie, all parts look the right size and shape)?	1	2	3	4
19. How the <u>veins</u> on the back of your hands look?	1	2	3	4
20. How <u>noticeable</u> the veins on the back of your hands are?	1	2	3	4
21. How the <u>tendons</u> on the back of your hands look?	1	2	3	4
22. How <u>visible</u> the tendons on the back of your hands are?	1	2	3	4
23. How the <u>skin</u> on your hands looks?	1	2	3	4
24. How <u>taut</u> (ie, firm) the skin on the back of your hands looks?	1	2	3	4
25. How <u>smooth</u> the skin on the back of your hands looks?	1	2	3	4
26. How <u>blemish-free</u> the skin on the back of your hands looks?	1	2	3	4
27. How <u>youthful</u> your hands look?	1	2	3	4
28. The <u>age</u> your hands look?	1	2	3	4
29. How your hands look from <u>close up</u> ?	1	2	3	4
30. How your hands look <u>overall</u> ?	1	2	3	4

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	Not at all difficult	A little difficult	Moderately difficult	Extremely difficult
1. Placing your palms flat on a table?	1	2	3	4
2. Making a fist with your hand(s)?	1	2	3	4
3. Shaking someone's hand?	1	2	3	4
4. Clapping your hands?	1	2	3	4
5. Holding a phone to your ear?	1	2	3	4
6. Holding a book to read?	1	2	3	4
7. Holding a bag of groceries?	1	2	3	4
8. Plugging a cord into a socket?	1	2	3	4
9. Using a TV remote control?	1	2	3	4
10. Gripping handles (eg, tennis racket, golf club, broom)?	1	2	3	4
11. Picking up a coin?	1	2	3	4
12. Taking things out of a pocket?	1	2	3	4
13. Turning a door knob?	1	2	3	4
14. Turning a key in a lock?	1	2	3	4
15. Turning a tap (ie, faucet)?	1	2	3	4
16. Writing with a pen or pencil?	1	2	3	4
17. Typing?	1	2	3	4
18. Opening a jar?	1	2	3	4
19. Opening a small lid (eg, water or other beverage bottle)?	1	2	3	4
20. Washing the dishes?	1	2	3	4
21. Preparing food (eg, peeling, cutting)?	1	2	3	4
22. Eating with cutlery (eg, fork, spoon, knife)?	1	2	3	4
23. Eating with your hand(s)?	1	2	3	4
24. Holding a glass?	1	2	3	4
25. Scratching an itch?	1	2	3	4
26. Washing your hands?	1	2	3	4
27. Brushing your teeth?	1	2	3	4
28. Clipping your fingernails?	1	2	3	4
29. Buttoning a shirt or coat?	1	2	3	4
30. Doing up a zipper?	1	2	3	4
31. Tying shoelaces?	1	2	3	4
32. Cleaning (eg, wiping) yourself after a bowel movement?	1	2	3	4
33. Putting on or taking off clothes?	1	2	3	4
34. Showering?	1	2	3	4
35. Personal grooming (eg, shaving, putting on make-up)?	1	2	3	4

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	None	Mild	Moderate	Severe
1. Hands feeling itchy?	1	2	3	4
2. Hands feeling numb (ie, less feeling)?	1	2	3	4
3. Tingling in your hands (ie, pins and needles feeling)?	1	2	3	4
4. Hands feeling sensitive (ie, too much feeling)?	1	2	3	4
5. Hands feeling stiff?	1	2	3	4
6. Swelling or puffiness?	1	2	3	4
7. Cramping in your hands?	1	2	3	4
8. Hands feeling hotter or colder than normal?	1	2	3	4
9. Hands feeling weak (ie, lack of strength)?	1	2	3	4
10. Hands feeling achy?	1	2	3	4
11. Throbbing pain in your hands?	1	2	3	4
12. Stinging or burning pain in your hands?	1	2	3	4
13. Pain when you use your hands?	1	2	3	4
14. Pain when your hands are at rest?	1	2	3	4
15. Pain when your hands are touched?	1	2	3	4
16. Pain when the weather changes?	1	2	3	4
17. Hands feeling dry?	1	2	3	4
18. Hands feeling moist?	1	2	3	4
19. Clumsiness (eg, dropping or spilling things)?	1	2	3	4
20. Hand tremors (ie, shaking)?	1	2	3	4
21. Hand symptoms (eg, pain, numbness) disturbing your sleep?	1	2	3	4
22. Hands that are worse in cold weather?	1	2	3	4

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	Never	Sometimes	Often	Always
1. Frustrated?	1	2	3	4
2. Upset?	1	2	3	4
3. Worried?	1	2	3	4
4. Concerned?	1	2	3	4
5. Sorry for yourself?	1	2	3	4
6. Depressed?	1	2	3	4
7. Irritated?	1	2	3	4
8. Angry?	1	2	3	4
9. Embarrassed?	1	2	3	4
10. Self-conscious?	1	2	3	4
11. Anxious?	1	2	3	4
12. Fed-up?	1	2	3	4
13. Overwhelmed?	1	2	3	4
14. Annoyed?	1	2	3	4
15. Stressed?	1	2	3	4
16. Unattractive?	1	2	3	4
17. Useless?	1	2	3	4
18. Hopeless?	1	2	3	4
19. Desperate?	1	2	3	4

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LIFE IMPACT

	Not at all	A little bit	Quite a bit	Very much
1. Being physically active?	1	2	3	4
2. Taking a bath or shower?	1	2	3	4
3. Being able to relax?	1	2	3	4
4. Sleeping at night?	1	2	3	4
5. Doing activities you enjoy?	1	2	3	4
6. Your emotional wellbeing?	1	2	3	4
7. Your mood?	1	2	3	4
8. Your ability to enjoy life?	1	2	3	4
9. Your social life?	1	2	3	4
10. Your close relationships?	1	2	3	4
11. Your ability to be independent?	1	2	3	4

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SLEEP

	Never	Sometimes	Often	Always
1. Had trouble <u>falling</u> asleep?	1	2	3	4
2. Had trouble <u>staying</u> asleep?	1	2	3	4
3. Had trouble finding a <u>comfortable</u> position to sleep in?	1	2	3	4
4. <u>Woken up</u> at night?	1	2	3	4
5. Not had <u>enough</u> sleep?	1	2	3	4
6. Taken <u>medication</u> to help you sleep?	1	2	3	4
7. Had <u>symptoms</u> (eg, pain, numbness) from your hands disturb your sleep?	1	2	3	4
8. Felt <u>tired</u> during the day?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. I stayed at home more than I would have liked.	1	2	3	4
2. I found it hard to get out and meet people.	1	2	3	4
3. I felt embarrassed about my hands.	1	2	3	4
4. I cut down on social activities I enjoy.	1	2	3	4
5. I saw friends less than I would have liked.	1	2	3	4
6. I missed out on social events.	1	2	3	4
7. I felt like I was a burden to family or friends.	1	2	3	4
8. I felt isolated from family or friends.	1	2	3	4
9. I felt that people did not understand what I go through with my hand problem.	1	2	3	4
10. I covered up or hid my hand(s).	1	2	3	4
11. My hand problem interfered with my ability to enjoy life.	1	2	3	4
12. I felt self-conscious about my hands around other people.	1	2	3	4
13. I avoided greetings (eg, waving or shaking hands).	1	2	3	4

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	Not at all bothered	A little bothered	Moderately bothered	Extremely bothered
1. How your hands look?	1	2	3	4
2. Being able to use your hands in tender ways (eg, touch, hold)?	1	2	3	4
3. Limitations in hand function that can interfere with sexual activity (eg, grip, strength)?	1	2	3	4
4. Symptoms you feel in your hands that can interfere with sexual activity (eg, pain, numbness, tingling)?	1	2	3	4
5. Being aware of your hands during sexual activity?	1	2	3	4
6. Your hand problem affecting how much you enjoy sexual activity?	1	2	3	4
7. Your hand problem being a distraction during sexual activity?	1	2	3	4
8. Your hand problem interfering with your ability to give pleasure?	1	2	3	4
9. Your partner seeing your hands during sexual activity?	1	2	3	4

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WORK

	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. I was conscious of my hand(s) at work.	1	2	3	4
2. I worried about missing work.	1	2	3	4
3. I had to reduce the amount of work I do in a day.	1	2	3	4
4. It was hard for me to keep up with my work.	1	2	3	4
5. I had trouble performing my job.	1	2	3	4
6. I had to change how I do my job.	1	2	3	4
7. My work made my hand(s) worse.	1	2	3	4
8. I worried about losing my job.	1	2	3	4
9. The quality of my work has gone down.	1	2	3	4
10. I thought about quitting work.	1	2	3	4
11. I was not able to do my job.	1	2	3	4

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ACCEPTANCE

	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. I have learned to live with my hand problem.	1	2	3	4
2. My hand problem has become part of my life.	1	2	3	4
3. I have accepted my hand problem.	1	2	3	4
4. I get on with my life as best I can.	1	2	3	4
5. If my hand problem does not improve, I will be okay.	1	2	3	4
6. I have a positive attitude towards my hand problem.	1	2	3	4
7. I am fine with my hand problem.	1	2	3	4

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	Not at all bothered	A little bothered	Moderately bothered	Extremely bothered
1. Time spent to prepare for the anaesthesia (eg, tests or appointments, forms, travel)?	1	2	3	4
2. Any pre-operative anxiety about having an anaesthetic?	1	2	3	4
3. Thoughts of embarrassing yourself during anaesthesia (eg, saying something inappropriate)?	1	2	3	4
4. The amount of anaesthetic you might be given (eg, if the operation took longer than normal)?	1	2	3	4
5. The chance that something could go wrong during the anaesthesia?	1	2	3	4
6. That you might feel pain during surgery (ie, if the anaesthetic is not effective)?	1	2	3	4
7. The affect the anaesthesia might have on your health?	1	2	3	4
8. The number of needles you had in total (ie, for blood tests and anaesthetic needles you felt during surgery)?	1	2	3	4
9. Any pain caused by the needle(s) used to give you the anaesthetic?	1	2	3	4
10. Any discomfort caused by the tight armband used during surgery (ie, tourniquet)?	1	2	3	4
11. How long it took to recover from the anaesthetic?	1	2	3	4
12. How long you had to wait in total at the hospital or clinic on the day of your surgery?	1	2	3	4
13. The impact of the anaesthesia on your productivity that day?	1	2	3	4
14. The impact of the anaesthesia on your ability to do your usual activities that day?	1	2	3	4

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POST-ANESTHESIA SYMPTOMS

	None	Mild	Moderate	Extreme
1. Nausea?	1	2	3	4
2. Vomiting?	1	2	3	4
3. Difficulty passing urine?	1	2	3	4
4. Constipation or diarrhoea?	1	2	3	4
5. Feeling sleepy?	1	2	3	4
6. Feeling tired or exhausted?	1	2	3	4
7. Feeling down or depressed?	1	2	3	4
8. Feeling irritable?	1	2	3	4
9. Feeling unwell?	1	2	3	4
10. Problems thinking clearly?	1	2	3	4
11. Trouble remembering?	1	2	3	4
12. Pain caused by the anaesthesia (eg, use of needles, breathing tube, arm or leg band)?	1	2	3	4
13. Numbness of the arm?	1	2	3	4

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	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
1. Information you were given about how your surgery would be done?	1	2	3	4
2. Being awake during your surgery?	1	2	3	4
3. How the local anaesthetic injection(s) felt?	1	2	3	4
4. How good the local anaesthetic was at preventing pain?	1	2	3	4
5. How your surgery felt while it was taking place?	1	2	3	4
6. Being able to ask questions during your surgery?	1	2	3	4
7. Being able to take part in conversation during your surgery?	1	2	3	4
8. Noises from your surgery (eg, cutting into the hand)?	1	2	3	4
9. The amount of blood you saw?	1	2	3	4
10. How comfortable the surgical team made you feel?	1	2	3	4
11. The confidence you felt in the surgical team?	1	2	3	4
12. The room where you had your surgery (eg, sterile, comfortable)?	1	2	3	4
13. How long your surgery took?	1	2	3	4
14. How long you had to wait after your surgery before you could leave the hospital or clinic?	1	2	3	4
15. The total amount of time you spent at the clinic or hospital on the day of your surgery?	1	2	3	4
16. How long it took for the local anaesthetic to wear off?	1	2	3	4
17. Information you were given about how to care for your hand at home?	1	2	3	4

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PLEASE NOTE THIS IS **NOT THE FINAL VERSION** OF THE HAND-Q AND SHOULD NOT BE USED FOR CLINICAL OR RESEARCH PURPOSES.**INFORMATION**

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
1. Options for <u>how</u> the surgery could be done?	1	2	3	4
2. Who would be involved in your care (eg, doctor, nurse, hand therapist)?	1	2	3	4
3. How much <u>pain</u> you might feel during your recovery?	1	2	3	4
4. What to do if you have a <u>complication</u> (eg, infection, bleeding)?	1	2	3	4
5. How to care for your hand(s) when you bathe or shower?	1	2	3	4
6. How your surgery would be done?	1	2	3	4
7. The amount of <u>time</u> it would take to heal and recover?	1	2	3	4
8. How much you could <u>use</u> your hands during your recovery?	1	2	3	4
9. Knowing what activities you should <u>avoid</u> (eg, vigorous activity)?	1	2	3	4
10. How much your hands would change with surgery?	1	2	3	4
11. How to change behaviours that affect hand healing (eg, smoking, diet)?	1	2	3	4
12. How well your questions were answered?	1	2	3	4
13. The written information you were given?	1	2	3	4
14. How easy it was for you to ask questions?	1	2	3	4
15. How easy it was to understand the information you were given?	1	2	3	4
16. The timing of when you were given information (ie, told you what you needed to know at the right time)?	1	2	3	4
17. How likely the surgery would help you to achieve the goals you have for your hands?	1	2	3	4
18. The amount of time you had to discuss the information you were given?	1	2	3	4
19. That the information you were given by different members of the healthcare team was the same (ie, did not contradict each other)?	1	2	3	4
20. That the information given to you helped you to have realistic expectations about how your hands would change after surgery?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. Made you feel comfortable?	1	2	3	4
2. Acted in a professional manner?	1	2	3	4
3. Was friendly and kind?	1	2	3	4
4. Was easy to talk to?	1	2	3	4
5. Talked to you in a way that was easy to understand?	1	2	3	4
6. Answered all your questions?	1	2	3	4
7. Treated you with respect?	1	2	3	4
8. Listened to you and understood your concerns?	1	2	3	4
9. Involved you in the decisions about your treatment?	1	2	3	4
10. Was attentive to your needs?	1	2	3	4
11. Tailored treatment to address your concerns?	1	2	3	4
12. Helped you figure out what was best for you?	1	2	3	4
13. Was available when you had concerns?	1	2	3	4
14. Spent enough time with you?	1	2	3	4
15. Made sure to protect your privacy?	1	2	3	4
16. Really cared about you?	1	2	3	4
17. Looked after your hand(s) carefully?	1	2	3	4
18. Knew your medical history?	1	2	3	4
19. Knew the history of your hand problem?	1	2	3	4
20. Was knowledgeable about hand problems?	1	2	3	4
21. Had the right amount of experience?	1	2	3	4
22. Knew what they were doing?	1	2	3	4
23. Inspired hope that your hand problem would improve with treatment?	1	2	3	4
24. Shared your information with other members of the healthcare team who needed it (eg, hand therapists, nurses)?	1	2	3	4
25. Consistently provided a high level of care?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. Treated you with respect?	1	2	3	4
2. Made you feel comfortable?	1	2	3	4
3. Were knowledgeable?	1	2	3	4
4. Were attentive to your needs?	1	2	3	4
5. Were thorough?	1	2	3	4
6. Worked together as a team?	1	2	3	4
7. Welcomed you at the front desk?	1	2	3	4
8. Answered all your questions?	1	2	3	4
9. Were available when you had concerns?	1	2	3	4
10. Were friendly and kind?	1	2	3	4
11. Acted in a professional manner?	1	2	3	4
12. Treated you with respect over the phone?	1	2	3	4
13. Made sure to protect your privacy?	1	2	3	4
14. Were caring?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. Had a nice atmosphere (eg, welcoming, calm)?	1	2	3	4
2. Welcomed you at the front desk?	1	2	3	4
3. Was clean and sterile?	1	2	3	4
4. Was well organized?	1	2	3	4
5. Made it easy to book an appointment?	1	2	3	4
6. Kept your appointment as scheduled (ie, did not cancel or change)?	1	2	3	4
7. Was on time (ie, did not make you wait)?	1	2	3	4
8. Had enough healthcare staff?	1	2	3	4
9. Had consistent healthcare staff (ie, not constantly changing)?	1	2	3	4
10. Had healthcare staff that were knowledgeable about hand problems?	1	2	3	4
11. Was a place you would recommend to other people with hand problems?	1	2	3	4
12. Protected your healthcare information?	1	2	3	4
13. Provided a phone number you could use outside of office hours?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. Acted in a professional manner?	1	2	3	4
2. Were friendly and kind?	1	2	3	4
3. Were easy to talk to?	1	2	3	4
4. Talked to you in a way that was easy to understand?	1	2	3	4
5. Listened to you and understood your concerns?	1	2	3	4
6. Answered all your questions?	1	2	3	4
7. Treated you with respect?	1	2	3	4
8. Spent enough time with you?	1	2	3	4
9. Involved you in the decisions about your treatment?	1	2	3	4
10. Were attentive to your needs?	1	2	3	4
11. Were caring?	1	2	3	4
12. Were knowledgeable about hand problems?	1	2	3	4
13. Had the right amount of experience?	1	2	3	4
14. Knew what they were doing?	1	2	3	4
15. Saw you at the scheduled time?	1	2	3	4
16. Looked after your hand(s) carefully?	1	2	3	4
17. Inspired hope that your hand problem would improve with treatment?	1	2	3	4
18. Knew the history of your hand problem?	1	2	3	4
19. Consistently provided a high level of care?	1	2	3	4

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	Definitely disagree	Somewhat disagree	Somewhat agree	Definitely agree
1. I am glad that I had the hand treatment.	1	2	3	4
2. I am satisfied with the results.	1	2	3	4
3. Having the hand treatment changed my life for the better.	1	2	3	4
4. The outcome of my hand treatment met my expectations.	1	2	3	4
5. I would recommend the hand treatment I had to others.	1	2	3	4
6. The hand treatment was worth the time and effort it took.	1	2	3	4
7. The results of my hand treatment turned out great.	1	2	3	4
8. If necessary I would have this hand treatment again without any hesitation.	1	2	3	4
9. I am pleased with the outcome of my hand treatment.	1	2	3	4

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	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
1. How <u>comfortable</u> the splint was to wear?	1	2	3	4
2. How <u>easy</u> the splint was to <u>put on</u> ?	1	2	3	4
3. How <u>easy</u> the splint was to <u>remove</u> ?	1	2	3	4
4. How often you needed to <u>replace</u> the splint?	1	2	3	4
5. How the splint <u>looked</u> ?	1	2	3	4
6. How much the splint <u>cost</u> ?	1	2	3	4
7. Your ability to be <u>physically active</u> with the splint on?	1	2	3	4
8. Your ability to <u>sleep</u> with the splint on?	1	2	3	4
9. Your ability to <u>socialize</u> with the splint on?	1	2	3	4
10. Your ability to <u>enjoy life</u> with the splint on?	1	2	3	4
11. Your ability to <u>dress yourself</u> with the splint on?	1	2	3	4
12. Your ability to <u>care for your hand</u> with the splint on?	1	2	3	4

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