

APPENDIX 8: PARTICIPANT QUESTIONNAIRE – PATIENT-REPORTED COST

Dear Participant,

This questionnaire asks about direct costs related to your extensor tendon injury **in the past 6 weeks**. Please enter the information required in the white squares in the table below.

1. During the past **6 weeks** in connection to your tendon injury have you had any days off work?

NO YES , days.....

2. During the past **6 weeks** in connection to your tendon injury have you had any days off non-paid work?

NO YES , days

3. During the past **6 weeks** in connection to your tendon injury have you

Visited your GP? NO YES , no. of visits

Visited or been visited by any other health professional e.g. Social Worker, Psychologist (other than your Hand Therapist/Physiotherapist or Surgeon)

NO YES , no. of visits type

4. During the past **6 weeks** in connection to your tendon injury have you

Visited your Case Manager? NO YES , no. of visits

Had a workplace assessment? NO YES , no. of visits

Attended a gym? NO YES , no. of visits

5. During the past **6 weeks** in connection to your tendon injury did you receive or purchase,

Medication? NO YES , type amount

Assistive devices? NO YES , type

Home help? NO YES , hours

Other paid domestic care? NO YES , hours

District Nursing? NO YES , hours

Care from family or friends? NO YES , hours

6. During the past **6 weeks** in connection to your tendon injury, please describe your transport costs

Distance travelled (km)

Method of transport

Time off work to travel

Help from family or friends?