

## APPENDIX 6: PARTICIPANT QUESTIONNAIRE – ADHERENCE TO SPLINTING

Dear Participant,

We would appreciate your full and honest answers to the following questions. Your information is anonymous and will not be passed on to your therapist.

1. Have you driven a vehicle since your extensor tendon surgery?

YES

NO

2. In the **first four weeks** after your surgery, did you take your splint off at home **other than when instructed to?**

YES

NO

3. If YES, how often did you remove your splint other than when instructed?

Once

4 – 6 times

Daily

4. How long did you leave the splint off for?

Under one hour

Over one hour

5. Why or when did you take your splint off?

Whilst I was dressing or undressing

The splint became too uncomfortable

To wash my hand

Whilst I was showering

I wanted to see my hand

I became frustrated using only one hand

I didn't really understand how important it was to wear the splint all of the time

Other  \_\_\_\_\_