

Patient Name: _____ DOB: _____

Medical Record #: _____ Date Contacted: _____

Date of Surgery: _____ Phone #: _____

Handedness: _____ Operative Side: _____

1. Are you: Better Worse Same
2. Given your outcome from surgery, would you still choose to have surgery:
 - a. Yes No
3. How long did it take to become better? _____
4. Pain before surgery:
1 2 3 4 5 6 7 8 9 10
5. Pain after surgery:
1 2 3 4 5 6 7 8 9 10
6. How do you rate your sensation now as compared to before surgery?
Better Worse Same
7. How do you rate your strength now as compared to before surgery?
Better Worse Same
8. Were you off work for your ulnar nerve problem? Yes No
9. How long before surgery: _____
10. How long after surgery: _____
11. Are you presently working? Yes No Occupation: _____
12. Same as before? Yes No Change jobs because of injury? Yes No
13. Was there an injury that caused you to have surgery? Yes No
14. Do you smoke or use tobacco products? Yes No