Supplement: Survey Questionnaire

This is a four-question survey created by the investigators of the study. The questionnaire was given to all participants before ultrasound examination.

**Tennis Elbow in Wheelchair Tennis - Survey**

1. Demographic information
	1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is your gender?

[ ]  Male [ ]  Female

* 1. Have you ever had any elbow injuries in the past?

[ ]  Yes [ ]  No

 If yes, please check all that apply:

 [ ]  Fracture [ ]  Dominant [ ]  Nondominant

 [ ]  Dislocation [ ]  Dominant [ ]  Nondominant

 [ ]  Tennis elbow [ ]  Dominant [ ]  Nondominant

 [ ]  Golfer’s elbow [ ]  Dominant [ ]  Nondominant

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Tennis information – **complete this section if you play tennis**
	1. How many years have you been playing tennis? \_\_\_\_\_\_\_
	2. On average, how many hours per week do you spend playing tennis?

[ ]  0 (zero) [ ]  1-5.5 hours per week [ ]  Greater than 5.5 hours/week

* 1. Which side is your dominant side (ie. Do you play left- or right-handed)?

[ ]  Right [ ]  Left

* 1. Do you use a one-handed or two-handed backhand?

[ ]  One handed [ ]  Two handed

* 1. Have you ever been diagnosed with tennis elbow?

[ ]  Yes [ ]  No

If yes: How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has it been treated? [ ]  Yes [ ]  No

Are your symptoms resolved? [ ]  Yes [ ]  No

* 1. Do you play other sports/wheelchair sports on a regular basis?

[ ]  Yes [ ]  No

If yes, which sports? (check all that apply)

[ ]  Basketball

[ ]  Bicycling

[ ]  Hand cycling

[ ]  Field

[ ]  Track

[ ]  Lacrosse

[ ]  Sled hockey

[ ]  Volleyball

[ ]  Golf

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Wheelchair information – **complete this section if you use a wheelchair as your primary mobility**
	1. What type of injury do you have (spinal cord, amputee, neurologic condition, etc)? (check all that apply)

[ ]  Spinal cord injury

 [ ]  Paraplegia [ ]  Quadriplegia

 [ ]  Complete [ ]  Incomplete

[ ]  Amputation

 [ ]  Upper extremity [ ]  Lower extremity

[ ]  Neurologic condition (Cerebral palsy, multiple sclerosis, transverse myelitis)

[ ]  Traumatic brain injury

[ ]  Stroke

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. How many years have you been a wheelchair user? \_\_\_\_\_\_\_\_\_
	2. Most of the time, do you use a manual or power chair?

[ ]  Manual [ ]  Power

1. Current symptoms in the dominant elbow
	1. Are you currently experiencing elbow pain?

[ ]  Yes [ ]  No

* If yes, how long have you had the elbow pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, what would you rate the pain on a scale of 0-10 (0=no pain, 10=worst pain)? Circle one

0 1 2 3 4 5 6 7 8 9 10

* 1. Are you currently experiencing swelling in the elbow?

[ ]  Yes [ ]  No

* 1. Are you currently experiencing weakness or pain when you extend/bend up your wrist?

[ ]  Yes [ ]  No

Thank you for your participation!