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!