

## Patient Reported Outcomes of Fracture Healing (PROOF-UE)

### PROOF-Upper Extremity Questionnaire for Patient

#### Instructions

1. This questionnaire is about how your arm injury or fracture healed.
2. Each section has different choices. Please read the instructions for each section carefully.
3. Please answer all questions by circling the response that fits best. You may write down any comments/clarifications in the space provided below each question.

For example,

Consider your injured arm.

1. Rate how your injured arm **looks** in comparison to your uninjured arm.
2. Rate how **bothered** you are by how your injured arm looks.

Compared with the uninjured arm,	My Injured Arm Looks				How Much This Bothered Me		
	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1. The surface shape of my injured arm							

In the above example, the surface shape of the injured arm looked *somewhat different* from the uninjured arm and bothered you *a lot*.

4. At the end of each section there is space for you to add any items that you think are missing from the questionnaire, which you believe are important to the healing of your arm injury or fracture.

#### About Your Injury

1. Date of Injury (YY/MM/DD): \_\_\_\_\_
2. Which side did you injure?  
 Right  
 Left  
 Both
3. Which bone/s did you injure?  
*Check all that apply.*  
 Collar Bone (Clavicle)  
 Arm Bone (Humerus)  
 Elbow  
 Forearm Bone-Ulna  
 Forearm Bone-Radius  
 Wrist or Hand Bone

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by PATIENT**

## How It Looks

Consider your injured arm.

1. Rate how your injured arm **looks** in comparison to your uninjured arm.
2. Rate how **bothered** you are by how your injured arm looks.

Does your injured arm look different from the uninjured side (e.g., shape, length, position, size, scars)?

- No → Skip to Next Section  
 Yes → Complete this Section

Compared with my uninjured arm,	My Injured Arm Looks				How Much This Bother Me		
1. Surface shape	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
2. Posture (alignment)	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
3. Length	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
4. Size	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
5. Scars	No Scars	Small Scar/s	Medium Scar/s	Large Scar/s	Not at All	A Little	A Lot
1A. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot
1B. Other? _____	No Different	A Little Different	Somewhat Different	A Lot Different	Not at All	A Little	A Lot

## How It Feels

Consider your injured arm.

1. Rate how your injured arm **feels** in comparison to your uninjured arm.
2. Rate how **bothered** you are by how your injured arm feels.

Does your injured arm feel different from the uninjured side (e.g., flexibility, strength, tiredness, pain, numbness, etc.)?

- No → Skip to Next Section  
 Yes → Complete this Section

Compared with my uninjured arm,	My Injured Arm Feels				How Much This Botheres Me		
6. Flexibility (stiffness)	No Different	A Little Less Flexible	Somewhat Less Flexible	A Lot Less Flexible	Not at All	A Little	A Lot
7. Strength	No Different	A Little Weaker	Somewhat Weaker	A Lot Weaker	Not at All	A Little	A Lot
8. Heaviness or tiredness	No Different	A Little Heavier	Somewhat Heavier	A Lot Heavier	Not at All	A Little	A Lot
9. Pain	No Different	A Little Painful	Somewhat Painful	Very Painful	Not at All	A Little	A Lot
10. Numbness or tingling	No Different	A Little Numb	Somewhat Numb	Very Numb	Not at All	A Little	A Lot
11. Nervousness to use my injured arm	No Different	A Little Nervous	Somewhat Nervous	Very Nervous	Not at All	A Little	A Lot
12. Implants/metal in my injured arm	I have no implants/metal	I have implants/metal in my injured arm			Not at All	A Little	A Lot
2A. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot
2B. Other? _____	No Different	A Little	Somewhat	A Lot	Not at All	A Little	A Lot

## How It Works

Consider your injured arm.

1. Rate how **difficult** the following activities are because of your injured arm.
2. Rate how **bothered** you are by how your injured arm affects these activities.  
*If you don't usually do this activity, choose "I don't do this activity."*

Do you find any activities difficult to do because of your injured arm?

- No → Skip to Next Section  
 Yes → Complete this Section

Because of my injured arm, I can	How Difficult is the Activity						How Much This Bother Me		
13. Write or draw	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
14. Hold a cup or glass	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
15. Open the lid of a jar	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
16. Use a knife / fork / spoon	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
17. Scratch or wash my back	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
18. Wash / comb / brush my hair	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
19. Dress myself	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
20. Carry a heavy object	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
21. Open a door (pull or push)	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
22. Use a cell phone / tablet	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
23. Use a keyboard /	I Don't Do This	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot

computer	Activity								
24. Play musical instrument/s	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
25. Play sports (e.g., hockey, baseball, basketball, racquet sports)	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
26. Weight bearing sports or activities (e.g., gymnastics, climbing)	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
3A. Other activity? _____	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot
3B. Other activity? _____	I Don't Do This Activity	Not Difficult	A Little Difficult	Quite Difficult	Very Difficult	Not Possible	Not at All	A Little	A Lot

PROOF-UE Patient

## How It Healed

Do you feel your injury has healed?

- Completely healed  
 Almost healed  
 Partially healed  
 Not yet healed

**About recovery**

*You can ask your parent(s) to help you answer these questions.*

26. Time spent admitted to the hospital	Less than 12 hours	12 to 24 hours	More than 1 day up to 3 days	More than 3 days up to 5 days	More than 5 days
27. Number of days I missed school or had to stay at home	0 to 1 day	Less than 1 week	1 up to 2 weeks	2 up to 4 weeks	More than 4 weeks
28. Number of days I needed a parent or adult to stay with me at home while I recovered	Less than 1 day	1 to 3 days	4 to 7 days	More than 1 up to 2 weeks	More than 2 weeks
29. Number of follow-up visits to hospital or doctor	0 to 1 visit	2 visits	3 visits	4 visits	5 or more visits
30. Pain or discomfort during the healing period	No Pain	Very Little Pain	Some Pain	Quite Painful	Very Painful
31. Unpleasant events during recovery	None	Very Few	Some	Quite a Few	Many
32. Speed of recovery	Very Fast	Fast	Not Fast / Not Slow	Slow	Very Slow
33. Overall experience of recovery	Very Easy	Easy	Not Easy / Not Difficult	Difficult	Very Difficult
4A. Other? _____					
4B. Other? _____					