

## APPENDIX 5: PARTICIPANT QUESTIONNAIRE – SATISFACTION WITH SPLINTING, TREATMENT AND OUTCOME

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.

Please circle your answer to each of the following questions:

1. How satisfied are you/were you with your splint?

Very unsatisfied   0   1   2   3   4   5   Very satisfied

2. How satisfied are you with your Hand Therapy treatment?

Very unsatisfied   0   1   2   3   4   5   Very satisfied

3. How satisfied are you with your outcome so far?

Very unsatisfied   0   1   2   3   4   5   Very satisfied

Any further comments:

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