

### Multimedia Appendix 3: Daily Patient Questionnaire

1. How many times have you done your exercises today?
  - a. 0
  - b. 1-2
  - c. 3
  - d. 3+
2. Please rate your pain last night on a scale of 1-10
3. Please rate your pain today on a scale of 1-10
4. Which pain medications have you taken in the last 24 hours (patients may select multiple options)
  - None
  - Paracetamol (Panadol, Panamex etc)
  - Paracetamol + Codeine (Panadiene Forte)
  - Anti-Inflammatory (Voltaren, Mobic, Celebrex)
  - Oxycodone Slow Release (Targin, OxyContin)
  - Oxycodone (Endone)
  - Pregabalin (Lyrica)
  - Other (free text entry)
5. Apart from when doing your exercises, have you worn your sling all day today, including in the shower?
  - a. Yes
  - b. No
6. Have you used your operated arm to brush your teeth<sup>1</sup> today?
  - a. Yes
  - b. No

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<sup>1</sup> The action patients are questioned about is selected randomly from a bank of actions including teeth brushing, using a knife or computer mouse, driving the car, etc.