1. Did you have any discomfort in the foot directly after the operation?
   Yes
   No
   No reply

2. Did you experience any loss of sensation in the operated area after the operation?
   Yes
   No

3. Did you experience pain in the operated area after the operation?
   Yes
   No
   No reply

4. Do you have loss of sensation in the operated foot compared with the other foot?
   Yes
   No
   No reply
5. Mark the area of sensory deficit in the figure.

6. (a) Has the area with loss of sensation decreased compared with the time directly following surgery?
   Yes
   No
   No reply

   (b) If yes, how much (%)
   0-25
   26-50
   51-75
   76-100

7. (a) Do you feel pain in the foot/lower leg?
   Yes
   No
   No reply
(b) When?
Day time
Night time
Day time and Night time

8. (a) Do you have problems with cold intolerance in the operated foot/lower leg?
Yes
No
No reply
(b) If yes, how often?
Frequently
Sometimes
Rarely

9. (a) Have you experienced problems with increased skin sensation when the skin is touched?
Yes
No
(b) If yes, how often?
Frequently
Sometimes
Rarely
10. (a) Do you experience discomfort or tingling along the outside of the foot?
   Yes
   No
   (b) If so, when do these symptoms occur?
   At rest
   During walking
   Impact against surgical site
11. How would you describe your problems at the moment?
   Disturbed sleep
   Powerful
   Affecting daily living
   Mild
   None
12. Do you have to take painkillers often?
   Yes
   No
13. (a) Do you have any disease that can affect the nervous system, for example; diabetes, vitamin deficiency or thyroid disease.
   Yes
   No
(b) If yes, which?

14. A theoretical question: would you be positive to have your other sural nerve harvested if you had to undergo another nerve reconstructive surgery?

Yes

No