

Figure S1. Sensory Frequency of Symptoms Scale.

Sensory frequency of symptoms scale (SFSS)

Items in questionnaire	Positive sensory symptom*
1.- Do you feel pins-and-needles sensation over the affected arm?	Paresthesias
2.- Do you feel abnormal sensations like skin-stiff or other indescribable sensations?	Dysesthesias
3.- Do you feel superficial pain with the air or by the clothes touching your skin?	Allodynia

If the answer for any of the previous questions was “yes”, the next question was:

How much time do you feel these sensations during the day?

Frequency of symptoms (patient answer)	Percentage (%)	Score
Never	0	0
Infrequent	<10%	1
Very frequent	11-49%	2
Most of time	50-89%	3
All the time	>90%	4

*Each symptom (paresthesias, dysesthesias, or allodynia) was defined as the presence of at least two events after BPN. Operational definition of an event: patient description of a typical symptom with at least 5 seconds long.

Figure S2. Boston Carpal Tunnel Syndrome Questionnaire.

Boston carpal tunnel syndrome questionnaire (BCTQ)

On a typical day during the past two weeks have hand and wrist symptoms caused you to have any difficulty doing the activities listed below? Please circle one number that best describes your ability to do the activity.

Activity	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Cannot do all due to hand or wrist symptoms
Writing	1	2	3	4	5
Buttoning of clothes	1	2	3	4	5
Holding a book while reading	1	2	3	4	5
Gripping of a telephone handle	1	2	3	4	5
Opening of jars	1	2	3	4	5
Household chores	1	2	3	4	5
Carrying of grocery bags	1	2	3	4	5
Bathing and dressing	1	2	3	4	5