

APPENDIX 4: PARTICIPANT QUESTIONNAIRE – PATIENT-REPORTED DAYS TO RETURN TO WORK

Dear Participant,

This questionnaire asks about how long it has taken for you to return to your normal or modified work (paid or un-paid). Please answer the following questions carefully.

1. Have you returned to your normal (paid or un-paid) work? YES NO
 - a. If yes, how long after your surgery did you return to work?

2. Have you returned to modified (different role or reduced hours) (paid or un-paid) work? YES NO
 - b. If yes, how long after your surgery did you return to work?