

TESS - UPPER EXTREMITY

Study Number: _____

Name or Initials: _____ Phone # _____

Hospital Number: _____

DATE OF BIRTH: ____ / ____ / ____ Age at surgery ____ years
DD MM YY

SEX: 1 ____ male 2 ____ female

Date of Surgery: ____ / ____ / ____
DD MM YY

DATE OF COMPLETION OF FORM: ____ / ____ / ____
DD MM YY

Site: 1 ____ Bone Side of Lesion: 1 ____ Right
2 ____ Soft Tissue 2 ____ Left

Region: 1 ____ proximal (i.e. proximal to elbow , proximal to knee)
2 ____ distal (i.e. distal to elbow, distal to knee)

Anatomical Site: 1 ____ shoulder girdle/ shoulder
2 ____ distal arm/ elbow/ proximal forearm
3 ____ distal forearm/ wrist/ hand
4 ____ pelvis/ hip
5 ____ distal thigh/ knee/ proximal leg
6 ____ distal leg/ ankle/ foot

PATHOLOGICAL DIAGNOSIS: 1 ____ benign
2 ____ benign aggressive (GCT or fibromatosis)
3 ____ malignant
4 ____ metastatic

Histologic sub-type: _____

Treatment: 1___ Surgery only
2___ Surgery + RADS
3___ Surgery + Chemo.
4___ Surgery + RADS + Chemo.

Reconstructive procedure: 1___ Excision
2___ Excision & tissue transfer
3___ Curettage & bone graft
4___ Bulk Allograft
5___ Prosthesis
6___ Allograft prosthesis

Comorbidity: _____

Please answer the following questions.

1A) Please state your current work status:

- | | |
|---------------------------|-----------------|
| 1_____ Employed full-time | 4_____ Retired |
| 2_____ Employed part-time | 5_____ Student |
| 3_____ Unemployed | 6_____ Disabled |

1B) If you are employed, please describe your current job activities (examples: desk job; truck driver):

Recode1_____ active 2_____ sedentary

1C) If you are retired, unemployed, or disabled, please describe your former job activities:

Recode1_____ active 2_____ sedentary

1D) If you are a student, please describe your area of study:

Recode1_____ active 2_____ sedentary

1E) If you are not working do you receive financial assistance such as insurance, sick benefits or a pension?

- 1_____ Yes 2_____ No

2) Briefly describe your leisure or recreational activities (examples: sports, gardening, reading):

Recode1_____ active 2_____ sedentary

- 3A) Pain medication 1_____ none
 2_____ NSAIDS eg. anti-inflammatory
 3_____ non-narcotics eg. plain tylenol
 4_____ narcotics eg. percocet, morphine

- 3C) Frequency of pain medication:
- 1 _____ not applicable i.e. no meds
 - 2 _____ intermittent
 - 3 _____ once a day
 - 4 _____ twice a day
 - 5 _____ 3 times a day
 - 6 _____ 4 times a day
 - 7 _____ more than 4 times a day

- 4) Are you:
- 1 _____ right handed
 - 2 _____ left handed

- 5) List the factors that limit your ability to perform your everyday activities:

- 1 _____ pain
- 2 _____ stiffness
- 3 _____ fatigue
- 4 _____ weakness
- 5 _____ ROM
- 6 _____ other _____
- 7 _____ none

The following questions are about activities commonly performed in daily life. Each question asks that you mark each item (as in the examples below) opposite the description that best describes your ability to perform each task during the **past week**. Some activities will be extremely easy for you to do, others will be extremely difficult or impossible.

EXAMPLE

Peeling vegetables is:

- 1 ___ impossible to do.
- 2 ___ extremely difficult.
- 3 ___ moderately difficult.
- 4 ___ a little bit difficult.
- 5 ___ not at all difficult.

99 ___ This task is not applicable for me.

You should choose the response "impossible to do..." if the activity is **something that you normally do** in your daily activities but are **now unable to do** because of physical limitations such as weakness, stiffness or pain.

If you do not perform an activity as part of your normal lifestyle you would choose the response "99" to indicate that the item is not applicable.

Mark all items ensuring that you choose the description that most accurately describes your abilities in the **past week**.

The following questions ask about your ability to perform activities that are common to everyday life. Considering the amount of difficulty you have performing the activity due to the current problem you are having with your arm, please answer the questions by choosing the answer that best describes your ability to do the activity **over the past week**.

1) Putting on a pair of pants is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

2) Tying shoe laces is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

3) Putting on socks or stockings is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

4) Showering is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

5) Dressing my arms and upper body is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

6) Buttoning a shirt is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

7) Tying a tie or a bow at the neck of a blouse is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

8) Putting on make-up or shaving is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

9) Brushing your teeth is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

10) Brushing your hair is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

11) Doing light household chores is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

12) Gardening or yard work is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

13) Preparing and serving meals is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

14) Cutting food while eating is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

15) Drinking from a glass is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

16) Performing heavy household chores is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

17) Going shopping is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

18) Giving or receiving change (ie. coins or bills) is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

19) Carrying a shopping bag or briefcase is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

20) Lifting a box to an overhead shelf is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

21) Turning a key in a lock is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

22) Pushing or pulling open a door is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

23) Writing is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

24) Picking up small items is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

25) Completing my usual duties at work is: (Work includes a job outside the home or as a homemaker.)

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

26) Working my usual number of hours is: (Working includes both a job outside the home and as a homemaker.)

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

27) Participating in my usual leisure activities is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

28) Socializing with friends and family is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

29) Participating in my usual sporting activities is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

1) Considering all the activities in which I participate in daily life, I would rate my ability to perform these activities during the past week as:

- 1_____impossible to do.
- 2_____extremely difficult.
- 3_____moderately difficult.
- 4_____a little bit difficult.
- 5_____not at all difficult.

2) I would rate myself as being :

- 1_____completely disabled
- 2_____severely disabled.
- 3_____moderately disabled.
- 4_____mildly disabled.
- 5_____not at all disabled.

Please comment below on any activities you find difficult to perform or on any other difficulties you experience due to the problem you currently have in your arm that you feel are important and have not been asked about in this questionnaire.

Please check to make sure that you have not missed any questions.

Thank you for taking the time to answer these questions.

TESS-LOWER EXTREMITY

Study Number: _____

Name or Initials: _____ Phone # _____

Hospital Number: _____

DATE OF BIRTH: ____ / ____ / ____ Age at surgery ____ years
DD MM YY

SEX: 1 ____ male 2 ____ female

Date of Surgery: ____ / ____ / ____
DD MM YY

DATE OF COMPLETION OF FORM: ____ / ____ / ____
DD MM YY

- 1 ____ pre-operative
- 2 ____ 6 weeks post-operative
- 3 ____ 3 months post-operative
- 4 ____ 6 months post-operative
- 5 ____ 12 months post-operative
- 6 ____ 2 years post-operative
- 7 ____ 3 years post-operative
- 8 ____ 4 years post-operative
- 9 ____ 5 years post-operative

Site: 1 ____ Bone Side of Lesion: 1 ____ Right
2 ____ Soft Tissue 2 ____ Left

Region: 1 ____ proximal (i.e. proximal to elbow, proximal to knee)
2 ____ distal (i.e. distal to elbow, distal to knee)

Anatomical Site: 1 ____ shoulder girdle/ shoulder
2 ____ distal arm/ elbow/ proximal forearm
3 ____ distal forearm/ wrist/ hand
4 ____ pelvis/ hip
5 ____ distal thigh/ knee/ proximal leg
6 ____ distal leg/ ankle/ foot

- PATHOLOGICAL DIAGNOSIS: 1 _____ benign
2 _____ benign aggressive (GCT or fibromatosis)
3 _____ malignant
4 _____ metastatic

Histologic type: _____

- Treatment: 1 _____ Surgery only
2 _____ Surgery + RADS
3 _____ Surgery + Chemo.
4 _____ Surgery + RADS + Chemo.

- Reconstructive procedure: 1 _____ Excision
2 _____ Excision & tissue transfer
3 _____ Curettage & bone graft
4 _____ Bulk Allograft
5 _____ Prosthesis
6 _____ Allograft prosthesis
7 _____ Fusion
8 _____ Tikoff-Linberg

COMORBIDITY: _____

Please answer the following questions.

1A) Please state your current work status:

- | | |
|---------------------------|-----------------|
| 1_____ Employed full-time | 4_____ Retired |
| 2_____ Employed part-time | 5_____ Student |
| 3_____ Unemployed | 6_____ Disabled |

1B) If you are employed, please describe your current job activities (examples: desk job; truck driver):

Recode1_____ active 2_____ sedentary

1C) If you are retired, unemployed, or disabled, please describe your former job activities:

Recode1_____ active 2_____ sedentary

1D) If you are a student, please describe your area of study:

Recode1_____ active 2_____ sedentary

1E) If you are not working do you receive financial assistance such as insurance, sick benefits or a pension?

- 1_____ Yes 2_____ No

2) Briefly describe your leisure or recreational activities (examples: sports, gardening, reading):

Recode1_____ active 2_____ sedentary

- 3A) Pain medication
- 1_____ none
 - 2_____ NSAIDS eg. anti-inflammatory drugs
 - 3_____ non-narcotics eg. plain tylenol
 - 4_____ narcotics eg. percocet, morphine, tylenol #3

- 3C) Frequency of pain medication:
- 1_____ not applicable i.e. no meds
 - 2_____ intermittent
 - 3_____ once a day
 - 4_____ twice a day
 - 5_____ 3 times a day
 - 6_____ 4 times a day
 - 7_____ more than 4 times a day

4) Describe the mobility or walking aid you use:

- 1_____ No aid
- 2_____ One cane or crutch
- 3_____ Two canes
- 4_____ Two crutches
- 5_____ Walker
- 6_____ Wheelchair
- 7_____ Motorized wheelchair or scooter

5) List the factors that limit your ability to perform your everyday activities:

- 1_____ pain
- 2_____ stiffness
- 3_____ fatigue
- 4_____ weakness
- 5_____ ROM
- 6_____ other_____
- 7_____ none

The following questions are about activities commonly performed in daily life. Mark each item (as in the example below) opposite the description that best describes your ability to perform each task during the **past week**. Some activities will be extremely easy for you to do, others will be extremely difficult or impossible.

EXAMPLE

Riding a bicycle is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.

99___This task is not applicable for me.

You should choose the response "impossible to do...." if the activity is **something that you normally do** in your daily activities but are **now unable to do** because of physical limitations such as weakness, stiffness or pain.

If you do not perform an activity as part of your normal lifestyle you would choose the response "99" to indicate that the item is not applicable.

Mark all items ensuring that you choose the description that most accurately describes your abilities in the **past week**.

The following questions ask about your ability to perform activities that are common to every day life. Considering the amount of difficulty you have performing the activity due to the current problem you are having with your leg, answer the questions by choosing the answer that best describes your ability to do the activity **over the past week**.

1) Putting on a pair of pants is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

2) Putting on shoes is: 1___impossible to do.

- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

3) Putting on socks or stockings is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

4) Showering is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

5) Light household chores such as tidying and dusting are:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

6) Gardening and yard work are:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

7) Preparing meals is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

8) Going shopping is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

9) Heavy household chores such as vacuuming and moving furniture is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

10) Getting in and out of the bath tub is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

11) Getting out of bed is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

12) Rising from a chair is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

13) Kneeling is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

14) Bending to pick something up off the floor is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

15) Walking upstairs is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

16) Walking downstairs is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

17) Driving is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

18) Walking in the house is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

19) Walking outdoors is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

20A) Sitting is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

21) Walking up or down hills or a ramp is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

22) Standing is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

23) Getting up from kneeling is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

24) Getting in and out of a car is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

25) Participating in sexual activities is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

26) Completing my usual duties at work is: (Work includes both a job outside the home and as a homemaker.)

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

27) Working my usual number of hours is: (Working includes both a job outside the home and as a homemaker.)

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

28) Participating in my usual leisure activities is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

29A) Socializing with friends and family is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

30) Participating in my usual sporting activities is:

- 1___impossible to do.
- 2___extremely difficult.
- 3___moderately difficult.
- 4___a little bit difficult.
- 5___not at all difficult.
- 99___This task is not applicable for me.

1) Considering all the activities in which I participate in daily life, I would rate the ability to perform these activities during the past week as:

- 1_____ impossible to do.
- 2_____ extremely difficult.
- 3_____ moderately difficult.
- 4_____ a little bit difficult.
- 5_____ not at all difficult.

2) I would rate myself as being :

- 1_____ completely disabled
- 2_____ severely disabled.
- 3_____ moderately disabled.
- 4_____ mildly disabled.
- 5_____ not at all disabled.

Please make any additional comments about difficulties you experience below.

Please check to make sure that you have answered all the questions.

Thank you for taking the time to answer these questions.