Appendix

For each question, only one response is allowed, unless stated differently.
The first questions apply to your status before surgery:

Question 1: Which leg was affected?
   a. Left leg
   b. Right leg
   c. Both legs

Question 2: When were the exercise-related complaints perceived? (Multiple answers allowed)
   a. During exercise
   b. After exercise
   c. During normal, daily activities
   d. In rest/at night
   e. Other circumstances (please specify)______________________________

Question 3: What sport/activity caused the exercise-related complaints?
_______________________________________________________________________________________________

Question 4: What was the level of sports activities when complaints were first noticed?
   a. None
   b. Social level
   c. Locally competitive
   d. Nationally competitive
   e. Internationally competitive

Question 5: How did the complaints affect your sports activities?
   a. Unable to continue sports activities, normal daily activities cause complaints
   b. Participation in a different sports activity (please specify)__________________________
   c. Participation at a decreased level of activity
   d. Participation at the same level of activity, but with complaints
   e. Other effect (please specify)_____________________________________________________

Question 6: At what point in your activities did you experience complaints?
After ________ hours + ________ minutes

Question 7: Did the complaints decrease after cessation of activities?
   a. Yes, after ________ hours + ________ minutes
   b. No
   c. Complaints persist to a limited extend
   d. Different (please specify)________________________________________________________

Question 8: Did you experience complaints at night?
   Pain               a. Always    b. Most of the time    c. Sometimes    d. Never
   Cramps             a. Always    b. Most of the time    c. Sometimes    d. Never
   Diminished sensibility  a. Always    b. Most of the time    c. Sometimes    d. Never
   Tightness          a. Always    b. Most of the time    c. Sometimes    d. Never

Different (please specify)________________________________________________________________

Question 9a: To what extent did you experience pain at rest?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 9b: How often did you experience pain at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never
Question 9c: To what extent did you experience pain during activities?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 9d: How often did you experience pain during activities?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 10a: To what extent did you experience muscle weakness at rest?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 10b: How often did you experience muscle weakness at rest?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 10c: To what extent did you experience muscle weakness during activities?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 10d: How often did you experience muscle weakness during activities?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 11a: To what extent did you experience cramps at rest?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 11b: How often did you experience cramps at rest?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 11c: To what extent did you experience cramps during activities?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 11d: How often did you experience cramps during activities?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 12a: To what extent did you experience tightness at rest?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 12b: How often did you experience tightness at rest?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 12c: To what extent did you experience tightness during activities?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 12d: How often did you experience tightness during activities?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 13a: To what extent did you experience diminished sensibility at rest?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 13b: How often did you experience diminished sensibility at rest?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never

Question 13c: To what extent did you experience diminished sensibility during activities?
   a. Not at all   b. Mild   c. Moderate   d. Severe   e. Very severe

Question 13d: How often did you experience diminished sensibility during activities?
   a. All the time   b. Most of the time   c. Half of the time   d. Sometimes   e. Never
Question 14: Were you treated for your complaints prior to the pressure measurements?
   a. Rest     Yes/No
   b. Cooling  Yes/No
   c. Physiotherapy Yes/No
   d. Inlays   Yes/No
   e. Different (please specify) ______________________________________________________

Question 15: What specialist examined you earlier for your complaints?
   a. General practitioner Yes/No
   b. Physiotherapist       Yes/No
   c. Sports physician      Yes/No
   d. Neurologist           Yes/No
   e. Surgeon               Yes/No
   f. Different (please specify) ______________________________________________________

Question 16: What additional tests were conducted for your complaints?
   a. X-ray Yes/No/I don't know
   b. MRI    Yes/No/I don't know
   c. Bone scan Yes/No/I don't know
   d. EMG    Yes/No/I don't know
   e. Muscle pressure measurements Yes/No/I don't know
   f. Echo   Yes/No/I don't know
   g. Ankle-arm index Yes/No/I don't know
   h. Near infrared spectroscopy Yes/No/I don't know
   i. Different (please specify) ______________________________________________________

Question 17: Do you have a history of:
   a. Varicose veins No/Yes/Yes with surgery
   b. Claudication No/Yes/Yes with surgery

Question 18a: Did you undergo surgery to the lower legs prior to this operation for compartment syndrome? (Multiple answers possible)
   a. No
   b. Yes, for a compartment syndrome
   c. Yes, for (please specify) ______________________________________________________

Question 18b: If yes, in which hospital?
   a. Máxima Medical Center
   b. Different (please specify) ______________________________________________________

Question 18c: If yes, when was/were the operation(s)?
   a. Date surgery 1:
   b. Date surgery 2:
   c. Date surgery 3:

Question 19: Which treatment did you undergo for your complaints after pressure measurements? (Multiple answers possible)
   a. Rest     Yes/No
   b. Cooling  Yes/No
   c. Physiotherapy Yes/No
   d. Inlays   Yes/No
   e. Surgery  Yes/No
   f. Different (please specify) ______________________________________________________
The following questions apply to your status after surgery:

Question 20a: At what point after onset of complaints did you undergo surgery?
   a. < 3 months       d. 1–2 years
   b. 3–6 months       e. > 2 years
   c. 6–12 months

Question 20b: In which hospital did you undergo surgery?
   a. Máxima Medical Center
   b. Other (please specify)_________________________________________________________

Question 21: Were there any complications in the first 2 weeks after surgery?
   a. No
   b. Yes, a hematoma
   c. Yes, infection
   d. Yes, something different (please specify)_______________________________________

Question 22: How would you evaluate the overall improvement of complaints 3 months after surgery?
   a. Excellent
   b. Good
   c. Average
   d. Fair
   e. Poor

Question 23: How would you evaluate the overall improvement of complaints now?
   a. Excellent
   b. Good
   c. Average
   d. Fair
   e. Poor

Question 24a: Did you resume your sports activities after surgery?
   a. Yes, at the former level of activity
   b. Yes, at a decreased level of activity
   c. No
   d. Different (please specify)_______________________________________________________

Question 24b: If yes, what sports activity do you practice?
   ____________________________________________________________

Question 25a: Did you undergo surgery of the lower leg(s) after the operation for chronic compartment syndrome?
   a. No
   b. Yes, again for chronic compartment syndrome
   c. Yes, for something else (please specify)__________________________________________

Question 25b: If yes, in which hospital?
   a. Máxima Medical Center
   b. Different (please specify)_______________________________________________________

Question 25c: If yes, when was/were the operation(s)?
   a. Date surgery 1:
   b. Date surgery 2:
   c. Date surgery 3:

Question 26a: To what extent do you currently experience pain at rest?
   a. Not at all
   b. Mild
   c. Moderate
   d. Severe
   e. Very severe
Question 26b: How often do you currently experience pain at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 26c: To what extent do you currently experience pain during activities?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 26d: How often do you currently experience pain during activities?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 27a: To what extent do you currently experience muscle weakness at rest?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 27b: How often do you currently experience muscle weakness at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 27c: To what extent do you currently experience muscle weakness during activities?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 27d: How often do you currently experience muscle weakness during activities?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 28a: To what extent do you currently experience cramps at rest?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 28b: How often do you currently experience cramps at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 28c: To what extent do you currently experience cramps during activities?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 28d: How often do you currently experience cramps during activities?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 29a: To what extent do you currently experience tightness at rest?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 29b: How often do you currently experience tightness at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 29c: To what extent do you currently experience tightness during activities?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 29d: How often do you currently experience tightness during activities?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 30a: To what extent do you currently experience diminished sensibility at rest?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 30b: How often do you currently experience diminished sensibility at rest?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never

Question 30c: To what extent do you currently experience diminished sensibility during activities?
   a. Not at all    b. Mild    c. Moderate    d. Severe    e. Very severe

Question 30d: How often do you currently experience diminished sensibility during activities?
   a. All the time    b. Most of the time    c. Half of the time    d. Sometimes    e. Never
Question 31a: If you are still experiencing complaints, where are they located? (Multiple answers possible)

No complaints
a. Yes
b. No

c. 3
d. 4

Both legs
a. 1
b. 2
c. 3
d. 4

Right leg
a. 1
b. 2
c. 3
d. 4

Left leg
a. 1
b. 2
c. 3
d. 4

Question 31b: Is this the same location compared to the location before surgery?

a. Yes
b. No