

## SUPPLEMENTARY MATERIALS

### Bandage Therapy Satisfaction Questionnaire

Record the highest score of 10 to the lowest score of 0 for each question (please record the lowest score if it is inconvenient or difficult).

1. How uncomfortable is it to slide down a bandage?

2. How uncomfortable is it to feel tight when you bandage?

3. How uncomfortable is your arm feeling heavy when you wrap bandage?

4. How uncomfortable do you feel from itching when you bandage?

5. How inconvenient is the feeling that the arm is tingling or the blood does not pass when the bandage is wrapped?

6. How difficult is it to wrap a bandage?

7. How uncomfortable are you with bandages and physical activities (e.g., eating, exercising, taking things off high)?

8. How often don't you sleep very well because discomfort with bandage.

9. How often do you need to use a healthy arm without a bandage because your arm is uncomfortable with a bandage?

10. How bad does bandaging affect your feelings and mood?

Total score: \_\_\_\_\_

**Fig. S1.** Bandage Therapy Satisfaction Questionnaire.