Supplementary Table 1. Postoperative survey instrument.

Question	Response
1. Do you feel the nerve block lasted longer than 24 hours?	Yes/No
2. Do you feel the nerve block lasted longer than 48 hours?	Yes/No
3. Were you satisfied with the nerve block's duration?	Yes/No
4. Did you experience any side effects or complications? (persistent numbness, failed block, etc)	Yes/No
5. Were you satisfied with the pain control provided by the nerve block?	Yes/No