

Carpal Tunnel Disorder QUESTIONNAIRE

The following questions refer to your symptoms for a typical twenty-four hour period during the past two weeks (circle one answer to each question).

SEVERITY SCALE: 0= None or Never 1= Mild 2= Moderate 3= Severe 4= Very severe

SYMPTOMS SEVERITY SCALE

QUESTIONS	SEVERITY SCORE 0= NONE ; 4= SEVERE	0	1	2	3	4
1. How severe is the hand or wrist pain that you have at night?		0	1	2	3	4
2. How often did hand or wrist pain wake you up during a typical night in the past two weeks (times/night)?		0	1	2-3	4-5	5+
3. Do you typically have pain in your hand or wrist during the daytime?		0	1	2	3	4
4. How often do you have hand or wrist pain during the daytime (times/day)?		0	1-2	3-5	5+	Constant
5. How long, on average, does an episode of pain last during the daytime (minutes)?		0	<10	10-60	>60	Constant
6. Do you have numbness (loss of sensation) in your hand?		0	1	2	3	4
7. Do you have weakness in your hand or wrist?		0	1	2	3	4
8. Do you have tingling sensations in your hand?		0	1	2	3	4
9. How severe is numbness (loss of sensation) or tingling at night?		0	1	2	3	4
10. How often did hand numbness or tingling wake you up during a typical night during the past two weeks?		0	1	2-3	4-5	5+
11. Do you have difficulty with the grasping and use of small objects such as keys or pens?		0	1	2	3	4

FUNCTIONAL STATUS SCALE

QUESTIONS	SEVERITY SCORE 0= NONE ; 4= SEVERE	0	1	2	3	4
1. Writing		0	1	2	3	4
2. Buttoning of clothes		0	1	2	3	4
3. Holding a book while reading		0	1	2	3	4
4. Gripping of a telephone handle		0	1	2	3	4
5. Opening of jars		0	1	2	3	4
6. Household chores		0	1	2	3	4
7. Carrying of grocery bags		0	1	2	3	4
8. Bathing and Dressing		0	1	2	3	4

Comments: _____

Levine DW, Simmons HP, Koris MJ, Daltroy LH, Hohl GG, Fossel AH, Katz JN, A self-Administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome. J Bone and Joint Surgery, 1993:

Patient name: _____ M/F: _____ AGE: _____ Date: _____ DOI: _____