

Carpal Tunnel Syndrome Questionnaire

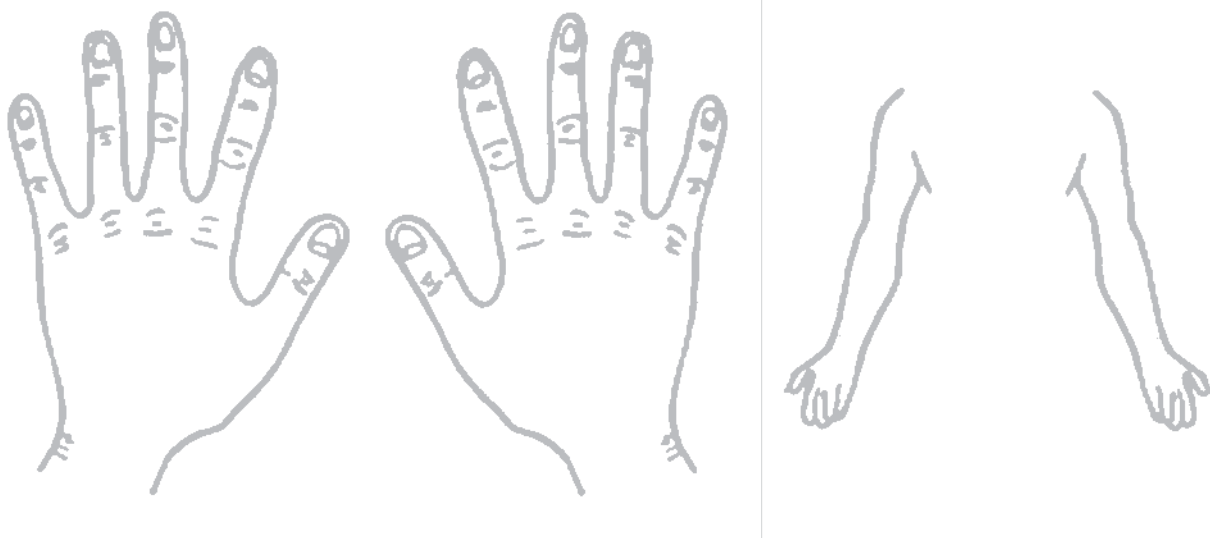
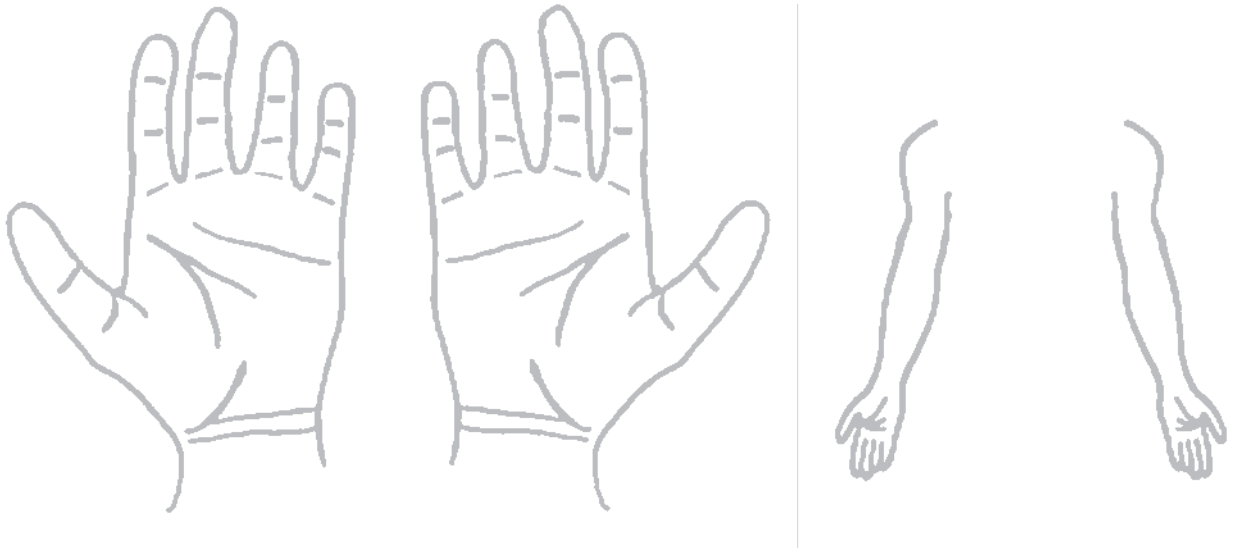
The following questions refer to your RIGHT or LEFT hand symptoms in a typical 24 hour period during the PAST WEEK. Circle your answers.

QUESTION 1 How severe is the hand or wrist pain you have at NIGHT?	No Pain at Night 1	Mild Pain 2	Moderate Pain 3	Severe Pain 4	Very Severe Pain 5
QUESTION 2 How often did hand or wrist pain at NIGHT wake you up during a typical night in the past week?	Never 1	Once 2	Two to three times 3	Four to five times 4	More than five times 5
QUESTION 3 Do you typically have pain in your hand or wrist during the DAYTIME?	Never 1	Once or twice a day 2	Three to five times a day 3	More than five times a day 4	Pain is constant 5
QUESTION 4 How severe is the hand or wrist pain you have at NIGHT?	Never 1	Mild Pain 2	Moderate Pain 3	Severe Pain 4	Very Severe Pain 5
QUESTION 5 How long, on average, does an episode of pain last during the daytime?	I never get pain during the day 1	10 minutes or less 2	10 to 60 minutes 3	Greater than 60 minutes 4	Pain is constant throughout the day 5
QUESTION 6 Do you have numbness (loss of sensation) in your hand?	No 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
QUESTION 7 Do you have weakness in your hand or wrist?	No 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
QUESTION 8 Do you have tingling sensations in your hand?	No 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
QUESTION 9 How severe is numbness (loss of sensation) or tingling at night?	No 1	Mild 2	Moderate 3	Severe 4	Very Severe 5
QUESTION 10 How often did hand numbness or tingling wake you up during a typical night during the PAST WEEK?	Never 1	Once 2	Two to three times 3	Four to five times 4	More than five times 5
QUESTION 11 Do you have difficulty with grasping and using small objects such as keys or pens?	No 1	Mild 2	Moderate 3	Severe 4	Very Severe 5

TO SCORE: add up the numbers you have circled, then divide the total by 11. This should result in a number between 1 and 5. That is your "symptom" score.

Carpal Tunnel Syndrome Diagrams

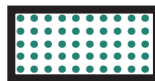
Using the symbols indicated, mark the areas on your hands where you feel the described sensations.



Pain



Tingling



Numbness



Decreased sensation