CARPAL TUNNEL QUESTIONNAIRE

Name	Number	Date
How severe is the hand or wrist pain that you have	Do you have weakness in your hand or wrist?	
at night?	□ No weakness	•
☐ I do not have hand or wrist pain at night	☐ Mild weakness	
☐ Mild pain	☐ Moderate weakness	
☐ Moderate pain	☐ Severe weakness	
☐ Severe pain	☐ Very severe weaknes	SS
☐ Very severe pain	-	
	Do you have tingling sensations in your hand?	
How often did hand or wrist pain wake you up during	☐ No tingling	
a typical night in the past two weeks?	☐ Mild tingling	
□ Never	☐ Moderate tingling	
□ Once	☐ Severe tingling	
☐ Two or three times	□ Very severe tingling	
☐ Four or five times		
☐ More than five times		nbness (loss of sensation) or
	tingling at night?	
Do you typically have pain in your hand or wrist	☐ I have no numbness	or tingling at night
during the daytime?	☐ Mild	
☐ I never have pain during the day	☐ Moderate	
☐ I have mild pain during the day	□ Severe	
☐ I have moderate pain during the day	☐ Very severe	
☐ I have severe pain during the day		
☐ I have very severe pain during the day	How often did hand numbness or tingling wake yo	
		ght during the past two weeks?
How often do you have hand or wrist pain during the	□ Never	
daytime?	□ Once	
□ Never	☐ Two or three times	
☐ Once or twice a day	☐ Four or five times	
☐ Three to five times a day	☐ More than five times	
☐ More than five times a day	Da vou bour difficultu	
☐ The pain is constant		with the grasping and use of
Have land an average dans an animade of nain last	small objects such as ☐ No difficulty	keys or pencils?
How long on average does an episode of pain last during the daytime?	☐ Mild difficulty	
☐ I never get pain during the day	☐ Moderate difficulty	
☐ Less than 10 minutes	☐ Severe difficulty	
☐ 10 to 60 minutes	☐ Very severe difficulty	
☐ Greater than 60 minutes	D very severe difficulty	
☐ The pain is constant throughout the day		
The paints constant throughout the day		
Do you have numbness (loss of sensation) in your		
hand?		
□No		
☐ I have mild numbness		
☐ I have moderate numbness		
☐ I have severe numbness		

Reference: Levine et al. A Self- Administered Questionnaire for the Assessment of Severity of Symptoms and Functional Status in Carpal Tunnel Syndrome. The Journal of Bone and Joint Surgery 1993; 75-A(11):1585-1592.

☐ I have very severe numbness