## **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	S
☐ 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 ☐ Two or three times	☐ Severe tingling	
☐ Four or five times	□ Very severe tingling	
☐ More than five times	How severe is the num	hness (loss of sensation) or
Li More trair rive times	How severe is the numbness (loss of sensation) or tingling at night?	
Do you typically have pain in your hand or wrist	☐ I have no numbness of	or tingling at night
during the daytime?	□ Mild	or ungining at might
☐ 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 nu	mbness or tingling wake you
		ht 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	Do you have difficulty	with the greening and use of
☐ The pain is constant	small objects such as	with the grasping and use of
How long on average does an episode of pain last	□ No difficulty	keys of perions :
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		
☐ The pain is 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		
□ I have very 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.