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 weakness	
☐ Very severe pain		
How often did hand or wrist nain wake you up during	Do you have tingling sensations in your hand?	
How often did hand or wrist pain wake you up during a typical night in the past two weeks?	☐ No tingling ☐ Mild tingling	
□ Never	☐ Moderate tingling	
□ Once	☐ Severe tingling	
☐ Two or three times	☐ Very severe tingling	
☐ Four or five times	_ · · · · · · · · · · · · · · · · · · ·	
☐ More than five 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 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 you	
I mave very severe pain during the day	up during a typical night 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		
☐ The pain is constant	Do you have difficulty with the grasping and use of	
	small objects such as keys or pencils?	
How long on average does an episode of pain last during the daytime?	☐ No difficulty☐ 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.