

CARPAL TUNNEL SYNDROME QUESTIONNAIRE (CTSQ)

Patient Name _____

Date _____

Please read carefully:

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 & FUNCTIONAL SCALE: 1 = None or Never 2 = Mild 3 = Moderate 4 = Severe 5 = Very severe

SYMPTOM SEVERITY SCALE

| | | | | | |
|---|----|------|-------|------|----------|
| 1. How severe is the hand or wrist pain that you have at night? | 1 | 2 | 3 | 4 | 5 |
| 2. How often did hand or wrist pain wake you up during a typical night in the past two weeks (times/day)? | 0x | 1x | 2-3x | 4-5x | 5+x |
| 3. Do you typically have pain in your hand or wrist during the daytime? | 1 | 2 | 3 | 4 | 5 |
| 4. How often do you have hand or wrist pain during the daytime (times/day)? | 0x | 1-2x | 3-5x | 5+x | 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? | 1 | 2 | 3 | 4 | 5 |
| 7. Do you have weakness in your hand or wrist? | 1 | 2 | 3 | 4 | 5 |
| 8. Do you have tingling sensations in your hand? | 1 | 2 | 3 | 4 | 5 |
| 9. How severe is numbness (loss of sensation) or tingling at night? | 1 | 2 | 3 | 4 | 5 |
| 10. How often did hand numbness or tingling wake you up during a typical night during the past two weeks? | 0x | 1x | 2-3x | 4-5x | 5+x |
| 11. Do you have difficulty with the grasping and use of small objects such as keys or pens? | 1 | 2 | 3 | 4 | 5 |

FUNCTIONAL STATUS SCALE

| | | | | | |
|-----------------------------------|---|---|---|---|---|
| 1. Writing | 1 | 2 | 3 | 4 | 5 |
| 2. Buttoning of clothes | 1 | 2 | 3 | 4 | 5 |
| 3. Holding a book while reading | 1 | 2 | 3 | 4 | 5 |
| 4. Gripping of a telephone handle | 1 | 2 | 3 | 4 | 5 |
| 5. Opening of jars | 1 | 2 | 3 | 4 | 5 |
| 6. Household chores | 1 | 2 | 3 | 4 | 5 |
| 7. Carrying of grocery bags | 1 | 2 | 3 | 4 | 5 |
| 8. Bathing and dressing | 1 | 2 | 3 | 4 | 5 |

COMMENTS: _____

EXAMINER: _____

With permission from: Levine DW, Simmons HP, Koris MJ, et al. A self-administered questionnaire for the assessment severity of symptoms and functional status in carpal tunnel syndrome. *J Bone Joint Surg* 1993;75A:1585-1592.