

Boston Carpal Tunnel Questionnaire

Patient's full name:

Date assessed:

Patient's medical history:

Patient's reason for visit:

Symptom severity scale

1. How severe is the hand or wrist pain that you have at night?

- (1) Normal
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

2. How often did hand or wrist pain wake you up during a typical night in the past two weeks?

- (1) Normal
- (2) Once
- (3) 2-3 times
- (4) 4-5 times
- (5) More than 5 times

3. Do you typically have pain in your hand or wrist during the daytime?

- (1) No pain
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

4. How often do you have hand or wrist pain during daytime?

- (1) Normal
- (2) 1-2 times/day
- (3) 3-5 times/day
- (4) More than 5 times
- (5) Continued

5. How long on average does an episode of pain last during the daytime?

- (1) Normal
- (2) <10 minutes
- (3) 10-60 minutes continued
- (4) >60 minutes
- (5) Continued

6. Do you have numbness (loss of sensation) in your hand?

- (1) Normal
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

7. Do you have weakness in your hand or wrist?

- (1) Normal
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

8. Do you have tingling sensations in your hand?

- (1) Normal
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

9. How severe is numbness (loss of sensation) or tingling at night?

- (1) Normal
- (2) Slight
- (3) Medium
- (4) Severe
- (5) Very serious

10. How often did hand numbness or tingling wake you up during a typical night during the past two weeks?

- (1) Normal
- (2) Once
- (3) 2-3 times
- (4) To 5 times
- (5) More than 5 times

11. Do you have difficulty with the grasping and use of small objects such as keys or pens?

- (1) Without difficulty
- (2) Little difficulty
- (3) Moderate difficulty
- (4) Very difficult
- (5) Very difficult

Total symptom severity scale score:

Symptom severity scale mean score: _____ = _____ (total score) / 11

Functional status scale

1 - No difficulty, 2 - Little difficulty, 3 - Moderate difficulty, 4 - Intense difficulty,
5 - Cannot perform the activity at all due

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

Total functional status scale score:

Functional status scale mean score: _____ = _____ (total score) / 8

Interpretation: *The higher the mean score, the higher the severity of the symptoms and functional status*

Notes

Assessor's full name:

Signature: