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

(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 9. How severe is numbness (loss of sensation) or tingling at night? (1) Normal (2) Slight (3) Medium (4) Severe (5) Very serious 9. How severe is 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 (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 (6) Very difficult (6) Very difficult (7) Very difficult (6) Very difficult (7) Very difficult (6) Very difficult (7) Very difficult (8) Very difficult (9) Very difficult (10) Very difficult (11) Very difficult (12) Very difficult (3) Very difficult (4) Very difficult (5) Very difficult (6) Very difficult (7) Very difficult (8) Very difficult (9) Very difficult (10) Very difficult (11) Very difficult (12) Very difficult (13) Very difficult (4) Very difficult (5) Very difficult (6) Very difficult (7) Very difficult (8) Very difficult (9) Very difficult (10) Very difficult (11) Very difficult (12) Very difficult (13) Very difficult (14) Very difficult (15) Very difficult (16) Very difficult (17) Very difficult (18) Very difficult (18) Very difficult (19) Very difficult (19) Very difficult (10) Very difficult (11) Very difficult (12) Very difficult (13) Very difficult (14) Very	5. How long on average does an episode of pain last during the daytime?						
(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 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 (3) Moderate difficulty (4) Very difficult (5) Very difficult (5) Very difficult Total symptom severity scale score:	(2) <10 minutes (3) 10-60 minutes continued (4) >60 minutes						
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(2) Little difficulty (3) Moderate difficulty (4) Very difficult (5) Very difficult Total symptom severity scale score:	11. Do you have difficulty with the grasping and use of small objects such as keys or pens?						
	(2) Little difficulty(3) Moderate difficulty(4) Very difficult						
Symptom severity scale mean score: = (total score) / 11	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:								

Levine, D. W., Simmons, B. P., Koris, M. J., Daltroy, L. H., Hohl, G. G., Fossel, A. H., & Katz, J. N. (1993). A self-administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome. *The Journal of Bone & Joint Surgery*, 75(11), 1585–1592. https://doi.org/10.2106/00004623-199311000-00002