

CARPAL TUNNEL SYNDROME QUESTIONNAIRE (CTSQ)

Patient Name: _____

Date: _____

DOB: _____

Age: _____

M/F: _____

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 for each question

SERVERITY & 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 or wrist?	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 in the last two weeks?	0x	1x	2-3x	4-5x	5+x
11. Do you have any 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 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: _____

THE

QuickDASH

OUTCOME MEASURE

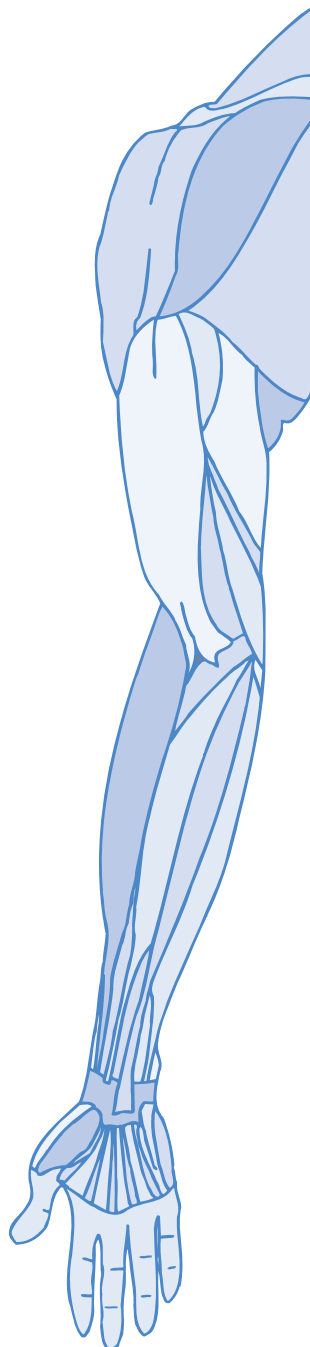
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* of which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.



QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back.	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5

Please rate the severity of the following symptoms in the last week. (*circle number*)

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (<i>circle number</i>)	1	2	3	4	5

QuickDASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{\text{sum of n responses}}{n} \right] - 1 \right) \times 25$, where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there is greater than 1 missing item.

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.

An optional module score may not be calculated if there are any missing items.

Name: _____

Date: _____

Patient Rated Wrist Evaluation

The questions below will help us understand how much difficulty you have had with your wrist in the past week. You will be describing your average wrist symptoms over the past week on a scale of 0-10. Please provide an answer for ALL questions. If you did not preform an activity, please ESTIMATE the pain or difficulty you would expect. If you have never preformed an activity, you may leave it blank.

1. Pain

Rate the average amount of pain in your wrist over the past week by circling the number that best describes you pain level on a scale of 0-10. A zero (0) means that you did not have any pain, and a ten (10) means that you had the worst pain you have ever experienced or that you could not do the activity because of the pain.

RATE YOUR PAIN: Sample Scale	0	1	2	3	4	5	6	7	8	9	10											
	No pain Worst pain																					
At rest	0	1	2	3	4	5	6	7	8	9	10											
When doing a task with a repeated wrist movement	0	1	2	3	4	5	6	7	8	9	10											
When lifting a heavy object	0	1	2	3	4	5	6	7	8	9	10											
When it is at its worst	0	1	2	3	4	5	6	7	8	9	10											
How often do you have pain?	0	1	2	3	4	5	6	7	8	9	10		Never Always									
	Never Always																					

2. Function

A. Specific Activities

Rate the amount of difficulty you experience preforming each of the tasks listed below—over the past week by circling the number that describes your difficulty on a 0-10 scale. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do it at all.

Sample Scale	0	1	2	3	4	5	6	7	8	9	10
	No difficulty Unable to do										
Turn a doorknob using my affected hand	0	1	2	3	4	5	6	7	8	9	10
Cut meat with a knife using my affected hand	0	1	2	3	4	5	6	7	8	9	10
Fasten buttons on my suit	0	1	2	3	4	5	6	7	8	9	10
Use my affected hand to push up from a chair	0	1	2	3	4	5	6	7	8	9	10
Carry 10 pound object with my affected hand	0	1	2	3	4	5	6	7	8	9	10
Use bathroom tissue with my affected hand	0	1	2	3	4	5	6	7	8	9	10

B. Usual Activities

Rate the amount of difficulty you experience preforming your usual activities listed below—over the past week by circling the number that describes your difficulty on a 0-10 scale. By “usual activities”, we mean the activities you preformed before you stated having a problem with your wrist. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do it at all.

Personal care activities (dressing, watching)	0	1	2	3	4	5	6	7	8	9	10
Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
Work (your job or usual everyday work)	0	1	2	3	4	5	6	7	8	9	10
Recreational activities	0	1	2	3	4	5	6	7	8	9	10