



**Queensland
Government**

Metro North Hospital and Health Service

**BOSTON CARPAL TUNNEL
QUESTIONNAIRE
SEVERITY SCALE**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Carpal Tunnel Syndrome Severity Scale:

Adapted from 'The Boston Carpal Tunnel Questionnaire', Levine et al, 1993

This is a short questionnaire used to help monitor the progress of your carpal tunnel syndrome symptoms in your **hand**. The following questions refer to your **hand** on a typical day in the past 2 weeks. Please TICK only one answer per question.

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

- I do not have hand or wrist pain at night 1
- Mild pain 2
- Moderate pain 3
- Severe pain 4
- Very severe pain 5

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

- Never 1
- Once 2
- Two or three times 3
- Four or five times 4
- More than five times 5

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

- I never have pain during the day 1
- I have mild pain during the day 2
- I have moderate pain during the day 3
- I have severe pain during the day 4
- I have very severe pain during the day 5

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

- Never 1
- Once or twice a day 2
- Three to five times a day 3
- More than five times a day 4
- The pain is constant 5

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

- I never get pain during the day 1
- Less than 10 minutes 2
- 10 to 60 minutes 3
- Greater than 60 minutes 4
- The pain is constant throughout the day 5

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

- No 1
- I have mild numbness 2
- I have moderate numbness 3
- I have severe numbness 4
- I have very severe numbness 5

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All clinical form creation and amendments must be conducted through Health Information Services

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Do you have weakness in your hand or wrist?

- No weakness 1
- Mild weakness 2
- Moderate weakness 3
- Severe weakness 4
- Very severe weakness 5

Do you have tingling sensations in your hand?

- No tingling 1
- Mild tingling 2
- Moderate tingling 3
- Severe tingling 4
- Very severe tingling 5

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

- I have no numbness or tingling at night 1
- Mild 2
- Moderate 3
- Severe 4
- Very severe 5

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

- Never 1
- Once 2
- Two or three times 3
- Four or five times 4
- More than five times 5

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

- No difficulty 1
- Mild difficulty 2
- Moderate difficulty 3
- Severe difficulty 4
- Very severe difficulty 5

Clinician use only:

SCORE: _____ (Total Score) / 11 = _____ (Average Score)

Date: _____ / _____ / _____

Completed by (print name): _____ Signature: _____

Designation: _____ Date: _____ / _____ / _____

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