(Affix patient identification label here)

URN:

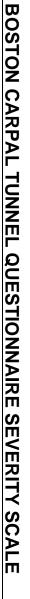
	Metro North Hospital and Health Service	Family Name:					
IN THIS BINDING MARGIN roduce by photocopying must be conducted through Health Information Services	BOSTON CARPAL TUNNEL	Given Names:					
	QUESTIONNAIRE	Address:					
	SEVERITY SCALE	Date of Birth:	Sex:	\square M	☐ F [
	Carpal Tunnel Syndrome Severity Scale: Adapted from 'The Boston Carpal Tunnel Questionnain	re', Levine et al, 1993					
	This is a short questionnaire used to help mosymptoms in your hand . The following ques weeks. Please TICK only one answer per questions.	tions refer to your hand on a ty					
	How severe is the hand or wrist pain that you have at night?						
	☐ I do not have hand or wrist pain at nigh	it 1					
	☐ Mild pain	2					
	☐ Moderate pain	3					
orm	Severe pain	4					
<u>Z</u> 4	☐ Very severe pain	5					
RGI Health							
S MA ogr ough	How often did hand or wrist pain wake yo	u up during a typical night in	the pa	ast two	weeks?		
DO NOT WRITE IN THIS BINDING MARGIN Do not reproduce by photocopying ition and amendments must be conducted through Health I	Never	1					
	Once	2					
S B V	☐ Two or three times	3					
H Ge p	☐ Four or five times	4					
IN T produc	☐ More than five times	5					
DO NOT WRITE Do not rep cal form creation and amendments	Do you typically have pain in your hand or wrist during the daytime?						
Do n							
OT d an	☐ I never have pain during the day	1 2					
an O	☐ I have mild pain during the day	_					
atio O	☐ I have moderate pain during the day	3					
) cre	☐ I have severe pain during the day	4					
l forn	☐ I have very severe pain during the day	5					
All clinica	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					
16	☐ The pain is constant	5					
05 09/2016 'rinted							
MR A 8505 V2.00 - 09/201 Locally Printed	How long, on average, does an episode of pain last during the daytime?						
R A 2:00	☐ I never get pain during the day	1					
E > 7	Less than 10 minutes	2					
	☐ 10 to 60 minutes	3					
	☐ Greater than 60 minutes	4					
	☐ The pain is constant throughout the da	y 5					
	·						
	Do you have numbness (loss of sensation) in your hand?						
.08505	□ No	1					
80:	☐ I have mild numbness	2					

☐ I have moderate numbness ☐ I have severe numbness

☐ I have very severe numbness

Queensland

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***********************************	(Affix patient identification label here)						
Queensland Government	URN:						
Metro North Hospital and Health Service	Family Name:						
BOSTON CARPAL TUNNEL	Given Names:						
QUESTIONNAIRE	Address:						
SEVERITY SCALE	Date of Birth: Sex: M F I						
Do you have weakness in your hand or wrist?							
☐ No weakness	1						
☐ Mild weakness☐ Moderate weakness	2 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 ☐ Very severe	4 5						
_ voly covele	G .						
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 ☐ Four or five times	3						
☐ More than five times	4 5						
_ more than two times	G .						
	and use of small objects such as keys or pens?						
☐ No difficulty	1						
☐ Mild difficulty☐ Moderate difficulty	2 3						
Severe difficulty	4						
☐ Very severe difficulty	5						
Clinician use only:							
SCORE: (Total Score) / 11 =	(Average Score)						
Date://							
Completed by (c.)	Cignotura						
Completed by (print name):	Signature:						
Designation:	Date://						