CTS QUESTIONNAIRE

The following questions refer to your symptoms for a typical twenty-four hour period during the past two weeks (circle one answer to each question).

SEVERITY SCALE: 0 = None or Never; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe

SYMPTOM SEVERITY SCALE

0	1	2	3	4
0	1	2-3	4-5	5+
0	1	2	3	4
0	1-2	3-5	5+	constant
0	<10	10-60	>60	constant
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2-3	4-5	5+
0	1	2	3	4
	0 0 0 0 0 0	0 1 0 1 0 1-2 0 <10 0 1 0 1 0 1 0 1 0 1 0 1	0 1 2-3 0 1 2 0 1-2 3-5 0 <10 10-60 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	0 1 2-3 4-5 0 1 2 3 0 1-2 3-5 5+ 0 <10 10-60 >60 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3

FUNCTIONAL STATUS SCALE:

0 = None or Never; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very severe

FUNCTIONAL STATUS SCALE

QUESTION	SEVERITY SCORE 0= NONE; 4=VERY SEVERE					
1. Writing		0	1	2	3	4
2. Buttoning of clothes		0	1	2	3	4
3. Holding a book while read	ding	0	1	2	3	4
4. Gripping of a telephone h	nandle	0	1	2	3	4
5. Opening of jars		0	1	2	3	4
6. Household chores		0	1	2	3	4
7. Carrying of grocery bags		0	1	2	3	4
8. Bathing and Dressing		0	1	2	3	4

NAME	M/F	AGE	DATE
NAME	141 / 1	70L	DAIL

Levine DW, Simmons HP, Koris MJ, Daltroy LH, Hohl GG, Fossel AH, Katz JN. A self-Administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome. J Bone and Joint Surgery, 1993; 75-A:1585-1592.