Tanasbourne Plastic Surgery Sheldon R. Cober, M.D.

PATIENT QUESTIONNAIRE - Carpal Tunnel Syndrome

(Please complete if you have symptoms of tingling, numbness or aching pain in your hand)

QUESTION	<u>RIGHT</u> HAND	<u>LEFT</u> HAND
1. Right or Left Handed?	□ Right	□ Left
2. Which hand troubles you?	☐ Right	□ Left
3. How severe is tingling or numbness?	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe
4. For how long?	☐ 1 month or less ☐ 1-2 months ☐ 3-4 months ☐ 6-12 months ☐ Over 1 year	☐ 1 month or less ☐ 1-2 months ☐ 3-4 months ☐ 6-12 months ☐ Over 1 year
5. How often do you have tingling or numbness?	 □ (5) Constant □ (4) Several times a day □ (3) Few times a day □ (2) Several times a week □ (1) Few times a week 	☐ (5) Constant☐ (4) Several times a day☐ (3) Few times a day☐ (2) Several times a week☐ (1) Few times a week
6. Which Fingers?	\Box Thumb \Box Index \Box Middle \Box Ring \Box Little	☐ Thumb ☐ Index ☐ Middle ☐ Ring ☐ Little
7. Does the tingling	 □ Awaken you from sleep □ Worsen at work □ Occur only when working □ Occur when driving □ Occur without activity 	 □ Awaken you from sleep □ Worsen at work □ Occur only when working □ Occur when driving □ Occur without activity
8. How severe is aching or pain?	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe
9. For how long?	☐ 1 month or less ☐ 1-2 months ☐ 3-4 months ☐ 6-12 months ☐ Over 1 year	☐ 1 month or less☐ 1-2 months☐ 3-4 months☐ 6-12 months☐ Over 1 year
10. How often do you have pain?	☐ (5) Constant☐ (4) Several times a day☐ (3) Few times a day☐ (2) Several times a week☐ (1) Few times a week	☐ (5) Constant ☐ (4) Several times a day ☐ (3) Few times a day ☐ (2) Several times a week ☐ (1) Few times a week
11. Where is the pain? (May check more than one)	☐ Hand ☐ Shoulder ☐ Wrist ☐ Neck ☐ Forearm ☐ Back ☐ Arm	☐ Hand ☐ Shoulder ☐ Wrist ☐ Neck ☐ Forearm ☐ Back ☐ Arm
12. Does the pain	 □ Awaken you from sleep □ Worsen at work □ Occur only when working □ Occur when driving □ Occur without activity 	 □ Awaken you from sleep □ Worsen at work □ Occur only when working □ Occur when driving □ Occur without activity
13. Degree of weakness?	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe	□ 0 None □ 1 Mild □ 2 Moderate □ 3 Severe
14. Has a doctor ever diagnosed Carpal Tunnel Syndrome?	□ No □ Yes If yes, When? □ Within 3 months □ 3-6 months □ 6-12 months □ Over 1 year ago	□ No □ Yes If yes, When? □ Within 3 months □ 3-6 months □ 6-12 months □ Over 1 year ago
15. Any past treatment?	□ None □ Injections □ Anti-inflammatories □ Surgery □ Splint	□ None□ Anti-inflammatories□ Splint□ Injections□ Surgery
16. What is your occupation?		

Patient Signature:

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Date: _____