

BOSTON CARPAL TUNNEL SYNDROME QUESTIONNAIRE (BCTSQ)



Patient Name: _____

Date: _____

To calculate score, add together the scores for all 11 questions in part 1, to give a total out of 55.

| PART 1: SYMPTOM SEVERITY SCALE | 1 | 2 | 3 | 4 | 5 |
|--|--------------------|-------------------|-------------------------|----------------|----------------|
| 1. How severe is the hand/wrist pain that you have at night? | Normal | Slight | Medium | Severe | Very serious |
| 2. How often did hand/wrist pain wake you up during a typical night in the past two weeks? | Normal | Once | 2-3 times | 4-5 times | >5 times |
| 3. Do you typically have pain in your hand/wrist during the daytime? | No pain | Slight | Medium | Severe | Very serious |
| 4. How often do you have hand/wrist pain during daytime? | Normal | 1-2 times/day | 3-5 times/day | >5 times | Continued |
| 5. How long on average does an episode of pain last during the daytime? | Normal | <10 minutes | 10-60 minutes continued | >60 minutes | Continued |
| 6. Do you have numbness in your hand/wrist? | Normal | Slight | Medium | Severe | Very serious |
| 7. Do you have weakness in your hand/wrist? | Normal | Slight | Medium | Severe | Very serious |
| 8. Do you have tingling sensations in your hand? | Normal | Slight | Medium | Severe | Very serious |
| 9. How severe is numbness (loss of sensation) or tingling at night? | Normal | Slight | Medium | Severe | Very serious |
| 10. How ofte did hand weakness or tingling wake you up during a typical night during the past two weeks? | Normal | Once | 2-3 times | 3-5 times | >5 times |
| 11. Do you have difficulty with the grasping and use of small objects such as keys or pens? | Without difficulty | Little difficulty | Moderate difficulty | Very difficult | Very difficult |

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| PART 2: FUNCTIONAL STATUS SCALE | NO DIFFICULTY | LITTLE DIFFICULTY | MODERATE | INTENSE DIFFICULTY | CANNOT PERFORM THE ACTIVITY AT ALL DUE TO SYMPTOMS |
|--|----------------------|--------------------------|-----------------|---------------------------|---|
| 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 of jars | 1 | 2 | 3 | 4 | 5 |
| 6. Household chores | 1 | 2 | 3 | 4 | 5 |
| 7. Carrying of grocery basket | 1 | 2 | 3 | 4 | 5 |
| 8. Bathing and dressing | 1 | 2 | 3 | 4 | 5 |

MORE INFORMATION

