

REYNOLDS PLASTIC SURGERY

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Carpal Tunnel Symptom Severity Scale

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).

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

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

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

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

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

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

Do you have weakness in your hand or wrist?

1. No weakness
2. Mild numbness
3. I have moderate numbness.
4. I have severe numbness.
5. I have very severe numbness.

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

1. I never have pain during the day.
2. I have mild pain during the day.
3. I have moderate pain during the day.
4. I have severe pain during the day.
5. The pain is constant.

Do you have tingling sensations in your hand?

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

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

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

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

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

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

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

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

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

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

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

Please Turn Over

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On a typical day during the past two weeks have hand and wrist symptoms caused you to have any difficulty doing the activities listed below? Please circle one number that best describes your ability to do the activity.

Activity	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Cannot do at All Due to Hand or Wrist symptoms
Writing	1	2	3	4	5
Buttoning of clothes	1	2	3	4	5
Holding a book while reading	1	2	3	4	5
Gripping of a telephone handle	1	2	3	4	5
Opening of jars	1	2	3	4	5
Household chores	1	2	3	4	5
Carrying of grocery bags	1	2	3	4	5
Bathing and Dressing	1	2	3	4	5