

CARPAL TUNNEL SYNDROME QUESTIONNAIRE

HOW LONG HAVE YOU BEEN HAVING SYMPTOMS IN YOUR HAND(S)?: _____

PLEASE CONTINUE ON THE NEXT PAGE...

HAVE YOU EVER HAD AN INJURY TO YOUR AFFECTED HAND(S), SHOULDER(S), OR NECK?

SYMPTOMS:

NUMBNESS & TINGLING (MARK WITH A ✓ THE AFFECTED FINGERS)

	RIGHT HAND	LEFT HAND
THUMB		
INDEX		
LONG		
RING		
SMALL		

DROPPING THINGS: R _____
L _____

ACTIVITIES THAT MAKE IT WORSE: _____

NIGHTTIME AWAKENING: YES ___ NO ___

OTHER SYMPTOMS: _____

PREVIOUS TREATMENT:

NIGHT WRIST SPLINTS: R ___ L ___

HOW LONG HAVE YOU BEEN WEARING THEM? _____

ARE THEY STILL HELPFUL? _____

ANTIINFLAMMATORIES (EG. ADVIL, MOTRIN, ASPIRIN, ETC.) YES ___ NO ___

HOW LONG HAVE YOU BEEN TAKING THEM (REGULARLY)? _____

STEROID INJECTION(S) INTO YOUR WRIST(S)?

R ___ HOW MANY? ___ WHEN WAS THE LAST ONE? _____

L ___ HOW MANY? ___ WHEN WAS THE LAST ONE? _____

EXAMINATION: (TO BE FILLED OUT BY THE DOCTOR)

	R	L
APB – ATROPHY		
- POWER		
TINEL'S		
COMPRESSION		
PHALEN'S		
NECK AROM		
STATIC 2PD	R/U	R/U
THUMB		
INDEX		
LONG		
RING		
SMALL		

EMG/NCS:

R _____

L _____

IMPRESSION: _____

PLAN: ___ SPLINTING

___ NSAIDS

___ STEROID INJECTION ___ R ___ L

RISKS: ___ NO F/X ___ RECURRENCE ___ NERVE INJURY

___ TENDON RUPTURE ___ INFxn (TENOSYNOVITIS/SEPTIC ARTHRITIS)

___ OCTR

RISKS: ___ LA ___ NERVE/VESSEL INJURY ___ NO IMPROVEMENT ___ WORSENING SX

___ INFxn ___ BLEEDING ___ NEUROMA ___ SCAR SENSITIVITY ___ CRPS

___ PILLAR PAIN ___ RECURRENCE ___ STIFFNESS ___ SWELLING ___

OTHER _____