

Boston Carpal Tunnel Syndrome Questionnaire (BCTQ)

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

Part 1 of 2: Symptom severity scale (11 items)		1	2	3	4	5
1	How severe is the hand or wrist pain that you have at night?	Normal	Slight	Medium	Severe	Very serious
2	How often did hand or wrist pain wake you up during a typical night in the past two weeks?	Normal	Once	2 to 3 times	4 to 5 times	More than 5 times
3	Do you typically have pain in your hand or wrist during the daytime?	No pain	Slight	Medium	Severe	Very serious
4	How often do you have hand or wrist pain during daytime?	Normal	1-2 times / day	3-5 times / day	More than 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 (loss of sensation) in your hand?	Normal	Slight	Medium	Severe	Very serious
7	Do you have weakness in your hand or 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 often did hand numbness or tingling wake you up during a typical night during the past two weeks?	Normal	Once	2 to 3 times	To 5 times	More than 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

Part 2 of 2: Functional status scale (8 items)		No difficulty	Little difficulty	Moderate difficulty	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