

The following questions refer to your symptoms for a typical 24 hr. period during the last 2 weeks (circle one answer to each question).

<p><b>1. How severe is the hand or wrist pain that you have at night?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I do not have hand or wrist pain</li> <li><input type="radio"/> Mild pain</li> <li><input type="radio"/> Moderate pain</li> <li><input type="radio"/> Severe pain</li> <li><input type="radio"/> Very severe pain</li> </ul>	<p><b>7. Do you have weakness in your hand or wrist?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No weakness</li> <li><input type="radio"/> Mild weakness</li> <li><input type="radio"/> Moderate weakness</li> <li><input type="radio"/> Severe weakness</li> <li><input type="radio"/> Very severe weakness</li> </ul>
<p><b>2. How often did hand or wrist pain wake you up during a typical night in the past two weeks?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Once</li> <li><input type="radio"/> Two to three times</li> <li><input type="radio"/> Four or five times</li> <li><input type="radio"/> More than five times</li> </ul>	<p><b>8. Do you have tingling sensations in your hand?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No tingling</li> <li><input type="radio"/> Mild tingling</li> <li><input type="radio"/> Moderate tingling</li> <li><input type="radio"/> Severe tingling</li> <li><input type="radio"/> Very severe tingling</li> </ul>
<p><b>3. Do you typically have pain in your hand or wrist during the day?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I never have pain during the day</li> <li><input type="radio"/> I have mild pain during the day</li> <li><input type="radio"/> I have moderate pain during the day</li> <li><input type="radio"/> I have severe pain during the day</li> <li><input type="radio"/> I have very severe pain during the day</li> </ul>	<p><b>9. How severe is the numbness (loss of sensation) or tingling at night?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I have no numbness or tingling at night</li> <li><input type="radio"/> Mild</li> <li><input type="radio"/> Moderate</li> <li><input type="radio"/> Severe</li> <li><input type="radio"/> Very severe</li> </ul>
<p><b>4. How often do you have hand or wrist pain during the daytime?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Once or twice a day</li> <li><input type="radio"/> Three to five times a day</li> <li><input type="radio"/> More than five times a day</li> <li><input type="radio"/> The pain is constant</li> </ul>	<p><b>10. How often did hand numbness or tingling wake you up during a typical night in the past two weeks?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Once</li> <li><input type="radio"/> Two or three times</li> <li><input type="radio"/> Four or five times</li> <li><input type="radio"/> More than five times</li> </ul>
<p><b>5. How long, on average, does an episode of pain last during the daytime?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> I never get pain during the day</li> <li><input type="radio"/> Less than 10 minutes</li> <li><input type="radio"/> 10 to 60 minutes</li> <li><input type="radio"/> Greater than 60 minutes</li> <li><input type="radio"/> The pain is constant throughout the day</li> </ul>	<p><b>11. Do you have difficulty with the grasping and use of small objects such as keys or pencil?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No difficulty</li> <li><input type="radio"/> Mild difficulty</li> <li><input type="radio"/> Moderate difficulty</li> <li><input type="radio"/> Severe difficulty</li> <li><input type="radio"/> Very severe difficulty</li> </ul>
<p><b>6. Do you have numbness (loss of sensation) in your hand?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> I have mild numbness</li> <li><input type="radio"/> I have moderate numbness</li> <li><input type="radio"/> I have severe numbness</li> <li><input type="radio"/> I have very severe numbness</li> </ul>	