

Name: _____

SYMPTOM SEVERITY SCALE (CTS)

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

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

Name: _____ **FUNCTIONAL STATUS SCALE (CTS)**

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

MCID- Not established; SRM: SSS=1.75 - 2.02; FSS- .96 – 1.26

From: Levine: J Bone Joint Surg Am, Volume 75-A(11).November , 1993.1585-1592. A self-administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome.

BRIGHAM AND WOMEN'S HOSPITAL HAND SYMPTOM SEVERITY SCALE (SSS) & FUNCTION STATUS SCALE (FSS):

SCALE TYPE: Condition Specific (carpal tunnel syndrome (CTS))

POPULATION/DESCRIPTION: The SSS consists of 11 items related to six domains said to be critical for the evaluation of CTS. The FSS consists of eight-items related to a variety of activities commonly performed by a broad spectrum of patients (i.e. young and elderly, workers inside and outside the home). Each item is rated by the patient on a 1 to five point (most severe) Likert scale, with higher ratings indicating more pain and disability. Scale properties have been assessed in numerous studies with large number of subjects ($n > 300$). Subjects include those managed both operatively and non-operatively as well as subjects receiving Worker's Compensation.

SCORING: Scores for each scale (SSS & FSS) are calculated independently and are not combined. The score for scale is calculated as the unweighted mean of all answered items for the scale (range: 1-5)

Example: SSS scale—sum of responses= 16; sum/number of items= $16/11 = 1.5$
FSS scale—sum of responses= 14; sum/number of items= $14/8 = 1.8$

PSYCHOMETRIC PROPERTIES:

Purpose: Evaluative (assesses change over time)

Reliability: 2 days= Pearson $r = .92$

Validity: Good for Construct (comparison with selected impairment measures)

Internal Consistency: Good

Responsiveness: Good, better than generic scales; ES (Effect Size)=: SSS- 2.03; FSS- .86. SRM (Standardized Response Mean)=: SSS- 1.75 - 2.02; FSS- .96 – 1.26.

MINIMUM, CLINICALLY IMPORTANT DIFFERENCE (MCID): Has not been established

PROS: Easy to administer, easy to score, valid for use with patient's receiving Worker's Compensation.

CONS: Only one study (albeit the largest) has assessed the scales use in patients managed non-operatively. Lack of an MCID presents difficulty when interpreting the change scores for individual patients.

REFERENCE(S):

Levine DW, Simmons BP, Koris MJ, Daltroy LH, Hohl GG, Fossel AH, et al. A self-administered questionnaire for the assessment of severity of symptoms and functional status in carpal tunnel syndrome. JBJS [A] 1993; 75-A:1585-1592.

Amadio PC, Silverstein MD, Ilstrup DM, Schleck CD, Jensen LM. Outcome assessment for carpal tunnel surgery: the relative responsiveness of generic, arthritis-specific, disease specific, and physical examination measures. JBJS [A] 1996; 21A:338-346.

Katz JN, Punnett L, Simmons BP, Fossel AH, Mooney N, Keller RB. Workers' compensation recipients with carpal tunnel syndrome: the validity of self-reported health measures. Am J Public Health 1996; 86:52-56