

CARPAL TUNNEL SYNDROME QUESTIONNAIRE (CTSQ)

Patient Name _____

Date _____

Please read carefully:

*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.*

SEVERITY & FUNCTIONAL SCALE: 1 = None or Never 2 = Mild 3 = Moderate 4 = Severe 5 = Very severe

SYMPTOM SEVERITY SCALE

1. How severe is the hand or wrist pain that you have at night?	1	2	3	4	5
2. How often did hand or wrist pain wake you up during a typical night in the past two weeks (times/day)?	0x	1x	2-3x	4-5x	5+x
3. Do you typically have pain in your hand or wrist during the daytime?	1	2	3	4	5
4. How often do you have hand or wrist pain during the daytime (times/day)?	0x	1-2x	3-5x	5+x	constant
5. How long, on average, does an episode of pain last during the daytime (minutes)?	0	<10	10-60	>60	constant
6. Do you have numbness (loss of sensation) in your hand?	1	2	3	4	5
7. Do you have weakness in your hand or wrist?	1	2	3	4	5
8. Do you have tingling sensations in your hand?	1	2	3	4	5
9. How severe is numbness (loss of sensation) or tingling <i>at</i> night?	1	2	3	4	5
10. How often did hand numbness or tingling wake you up during a typical night during the past two weeks?	0x	1x	2-3x	4-5x	5+x
11. Do you have difficulty with the grasping and use of small objects such as keys or pens?	1	2	3	4	5

FUNCTIONAL STATUS SCALE

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 bags	1	2	3	4	5
8. Bathing and dressing	1	2	3	4	5

COMMENTS: _____

EXAMINER: _____

Informed Consent To Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop,” such as the noise when a knuckle is “cracked”, and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or traction may also be used.

Possible risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury, or stroke, could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or other minor complications.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as “rare”, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury, or stroke, has been estimated at one in one million to one in ten million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

Other treatment options that could be considered may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition, and make future rehabilitation more difficult.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed name

Signature

Date