

③ Levine Questionnaire for Hand Symptoms & Functional Status

Patient's name:	Date:	Study ID:	<input type="checkbox"/> Before	<input type="checkbox"/> After	Patient's Signature:

SYMPTOM SEVERITY SCALE:

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).

How severe is the hand or wrist pain that you have at night?	1= not have hand or wrist pain at night, 2= Mild pain, 3= Moderate pain, 4=Severe pain, 5=Very severe pain
How often did hand or wrist pain wake you up during a typical night in the past two weeks?	1= Never, 2=Once, 3=2 or 3 times, 4= 4 or 5 times, 5= More than 5 times
Do you typically have pain in your hand or wrist during the daytime?	1= never have pain during the day, 2= mild pain, 3=moderate pain, 4=severe pain, 5=very severe pain
How often do you have hand or wrist pain during the daytime?	1= Never, 2= 1 or 2 times a day, 3=Three to five times a day, 4=More than 5 times a day, 5=The pain is constant.
How long, on average, does an episode of pain last during the daytime?	1= never get pain, 2= Less than 10 minutes, 3= 10 to 60 minutes, 4= Greater than 60 minutes, 5=The pain is constant throughout the day.
Do you have numbness (loss of sensation) in your hand?	1=No, 2=mild numbness, 3=moderate numbness, 4=severe numbness, 5= very severe numbness.
Do you have weakness in your hand or wrist?	1=No weakness, 2=Mild, 3=Moderate, 4=Severe, 5=Very severe
Do you have tingling sensations in your hand?	1= No tingling, 2= Mild, 3=Moderate,4=Severe, 5=Very severe
How severe is numbness (loss of sensation) or tingling at night?	1=no numbness or tingling at night, 2= Mild, 3=Moderate,4=Severe, 5=Very severe
How often did hand numbness or tingling wake you up during a typical night during the past two weeks?	1=Never, 2=Once, 3=2 or 3 times, 4=4 or 5 times, 5= More than 5 times
Do you have difficulty with the grasping and use of small objects such as keys or pens?	1=No difficulty, 2=Mild difficulty, 3= Moderate difficulty, 4=Severe difficulty, 5=Very severe difficulty

FUNCTIONAL STATUS SCALE

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

Office Use Only

Symptom Score: _____ **Functional Score:** _____