**CTS-DO scoring system**

**Instructions:** Please answer the following questions as yes or no. We will ask about numbness which some people describe as having no feeling or dead feeling. We will also ask about tingling which some people call pins and needles or prickly feelings. Please pick the answer about how your hand has felt over the last month.

1. Do you wake up because of pain in your wrist? Yes (1) No (0)
2. Do you wake up because of tingling or numbness in your fingers? Yes (1) No (0)
3. Do you have tingling or numbness in your fingers when you first wake up? Yes (1) No (0)
4. Is your numbness or tingling mainly in your thumb, index, and/or middle finger? Yes (2) No (0)
5. Do you have any quick movements or positions that relieve your tingling or numbness? Yes (1) No (0)
6. Do you have numbness or tingling in your little (small/pinky) finger? Yes (0) No (3)
7. Do certain activities (for example, holding objects or repetitive finger movement) increase the numbness or tingling in your fingers? Yes (1) No (0)
8. Do you drop small objects like coins or a cup? Yes (1) No (0)
9. Do you often have neck pain? Yes (0) No (1)
10. Did you have numbness or tingling in your fingers when you were pregnant? (If relevant) Yes (1) No (0) Not relevant to me (0)
11. Do you have numbness or tingling in your toes? Yes (0) No (1)
12. Have your symptoms improved with using wrist support brace or splint? (If relevant) Yes (2) No (0) Not relevant to me (0)