

VAS

PAIN

Please indicate the level of **pain** in your **affected arm/hand** right **now**.

no pain _____ worst pain ever

Please indicate the level of **pain** in your **affected arm/hand** over the **last 1 day**.

no pain _____ worst pain ever

NUMBNESS

Please indicate the level of **numbness** in your **affected arm/hand** right **now**.

No numbness _____ worst numbness ever

Please indicate the level of **numbness** in your **affected arm/hand** over the **last 1 day**.

No numbness _____ worst numbness ever

TINGLING

Please indicate the level of **tingling** in your **affected arm/hand** right **now**.

No tingling _____ worst tingling ever

Please indicate the level of **tingling** in your **affected arm/hand** over the **last 1 day**.

No tingling _____ worst tingling ever