CENTRAL SENSITIZATION INVENTORY: PART A

Name: _____ Date: _____

Please check the best response to the right of each statement.

		Never	Rarely	Sometimes	Often	Always
1	I feel tired and unrefreshed when I wake from sleeping.	☐	☐	☐	☐	☐
2	My muscles feel stiff and achy.	☐	☐	☐	☐	☐
3	I have anxiety attacks.	☐	☐	☐	☐	☐
4	I grind or clench my teeth.	☐	☐	☐	☐	☐
5	I have problems with diarrhea and/or constipation.	☐	☐	☐	☐	☐
6	I need help in performing my daily activities.	☐	☐	☐	☐	☐
7	I am sensitive to bright lights.	☐	☐	☐	☐	☐
8	I get tired very easily when I am physically active.	☐	☐	☐	☐	☐
9	I feel pain all over my body.	☐	☐	☐	☐	☐
10	I have headaches.	☐	☐	☐	☐	☐
11	I feel discomfort in my bladder and/or burning when I urinate.	☐	☐	☐	☐	☐
12	I do not sleep well.	☐	☐	☐	☐	☐
13	I have difficulty concentrating.	☐	☐	☐	☐	☐
14	I have skin problems such as dryness, itchiness, or rashes.	☐	☐	☐	☐	☐
15	Stress makes my physical symptoms get worse.	☐	☐	☐	☐	☐
16	I feel sad or depressed.	☐	☐	☐	☐	☐
17	I have low energy.	☐	☐	☐	☐	☐
18	I have muscle tension in my neck and shoulders.	☐	☐	☐	☐	☐
19	I have pain in my jaw.	☐	☐	☐	☐	☐
20	Certain smells, such as perfumes, make me feel dizzy and nauseated.	☐	☐	☐	☐	☐
21	I have to urinate frequently.	☐	☐	☐	☐	☐
22	My legs feel uncomfortable and restless when I am trying to go to sleep at night.	☐	☐	☐	☐	☐
23	I have difficulty remembering things.	☐	☐	☐	☐	☐
24	I suffered trauma as a child.	☐	☐	☐	☐	☐
25	I have pain in my pelvic area.	☐	☐	☐	☐	☐
					Total= 0	

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CENTRAL SENSITIZATION INVENTORY: PART B

Name: _____

Date: _____

Have you been diagnosed by a doctor with any of the following disorders?

Please check the box to the right for each diagnosis and write the year of the diagnosis.

		NO	YES	Year Diagnosed
1	Restless Leg Syndrome	☐	☐	
2	Chronic Fatigue Syndrome	☐	☐	
3	Fibromyalgia	☐	☐	
4	Temporomandibular Joint Disorder (TMJ)	☐	☐	
5	Migraine or tension headaches	☐	☐	
6	Irritable Bowel Syndrome	☐	☐	
7	Multiple Chemical Sensitivities	☐	☐	
8	Neck Injury (including whiplash)	☐	☐	
9	Anxiety or Panic Attacks	☐	☐	
10	Depression	☐	☐	

Submit