MEDBRIDGE

Central Sensitization Inventory: Part A

Name: _____ **Date:** _____

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

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

For use with the MedBridge blog article **"6 Assessment Strategies for Chronic Pain and Central Sensitization"**
View all of Diane Powers Dirette's MedBridge courses at **www.medbridgeeducation.com**

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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.

Disorder	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			