ReEnvision PT | imc Internal Medicine Consultants | ReEnvision MD

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=	

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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			