

## THE CENTRAL SENSITIZATION INVENTORY (CSI)

*How can you determine how much CSP is contributing to someone's pain?*

**The Central Sensitization Inventory (CSI)** may be used to determine severity of CSP. The CSI consists of 25 questions and may be self-administered. Each question may be answered as follows: Never (0 points), Rarely (1 point), Sometimes (2 points), Often (3 points), or Always (4 points). Total points reflect the severity of the CSP. Following is a breakdown of score ranges and the intensity of CSP they represent.

Subclinical: 0 to 29

Mild: 30 to 39

Moderate: 40 to 49

Severe: 50 to 59

Extreme: 60 to 100

The CSI has two parts, Part A and Part B. For scoring purposes you will only look at the 25 questions in Part A. Part B was initially used to help correlate the results with previous diagnoses. For our purposes it adds additional clinical background information but isn't included when the instrument is scored.

## Worksheet

# CSI Inventory (Part A)

Name \_\_\_\_\_

Date \_\_\_\_\_

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

Key for Scoring: **Never = 0, Rarely = 1, Sometimes = 2, Often = 3, Always = 4**

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 Each Column					

Overall Total

Worksheet

# CSI 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			
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			

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