## Instruction

*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)**

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.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

2. My muscles feel stiff and achy.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

3. I have anxiety attacks.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

4. I grind or clench my teeth.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

5. I have problems with diarrhea and/or constipation.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

6. I need help in performing my daily activities.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

7. I am sensitive to bright lights.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

8. I get tired very easily when I am physically active.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

9. I feel pain all over my body.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

10. I have headaches.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

11. I feel discomfort in my bladder and/ or burning when I urinate.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

12. I do not sleep well.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

13. I have difficulty concentrating.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

14. I have skin problems such as dryness, itchiness, or rashes.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

15. Stress makes my physical symptoms get worse.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

16. I feel sad or depressed.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

17. I have low energy.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

18. I have muscle tension in my neck and shoulders.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

19. I have pain in my jaw.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

20. Certain smells, such as perfumes, make me feel dizzy and nauseated.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

21. I have to urinate frequently.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

22. My legs feel uncomfortable and restless when I am trying to go to sleep at night.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

23. I have difficulty remembering things.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

24. I suffered trauma as a child.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

25. I have pain in my pelvic area.

\_0. Never \_1. Rarely \_2. Sometimes \_3. Often \_4. Always

Overall Total: \_

**Worksheet: CSI Inventory (Part B)**

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.

1. Restless Leg Syndrome

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

2. Chronic Fatigue Syndrome

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

3. Fibromyalgia

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

4. Temporomandibular Joint Disorder

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

5. Migraine or tension headaches

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

6. Irritable Bowel Syndrome

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

7. Multiple Chemical Sensitivities

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

8. Neck injury (including whiplash)

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

9. Anxiety or panic attacks

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

10. Depression

\_0. No \_1. Yes

If yes, year diagnosed: \_\_

Reference:

Scerbo, T., Colasurdo, J., Dunn, S., Unger, J., Nijs, J., & Cook, C. (2017). Measurement properties of the central sensitization inventory: A systematic review. *Pain Practice*, 18(4), 544– 554. <https://doi.org/10.1111/papr.12636>