Central Sensitization Inventory

Please indicate on a scale of 1 to 10, with 10 being the most severe, the severity of each symptom you experience (using the past month as a general guide). If you do not have the symptom, leave the space blank.

GENERAL

___ Fatigue, made worse by physical exertion or stress
___ Activity level decreased to less than 50% of pre-illness activity level
___ Recurrent flu-like illness
___ Sore throat
___ Hoarseness
___ Tender or swollen lymph nodes (glands), especially in neck and underarms
___ Shortness of breath (air hunger) with little or no exertion
___ Frequent sighing
___ Tremor or trembling
___ Severe nasal allergies (new allergies or worsening of previous allergies)
___ Cough
___ Night sweats
___ Low-grade fevers
___ Feeling cold often
___ Feeling hot often
___ Cold extremities (hands and feet)
___ Low body temperature (below 97.6)
___ Low blood pressure (below 110/70)
___ Heart palpitations
___ Dryness of eyes and/or mouth
___ Increased thirst
___ Symptoms worsened by temperature changes
___ Symptoms worsened by air travel
___ Symptoms worsened by stress
PAIN
___ Headache – Killer Headaches
___ Tender points or trigger points
___ Muscle pain
___ Muscle twitching
___ Muscle weakness
___ Paralysis or severe weakness of an arm or leg
___ Joint pain
___ TMJ syndrome
___ Chest pain
___ Nerve pain

GENERAL NEUROLOGICAL
___ Lightheadedness; feeling “spaced out”
___ Inability to think clearly (“brain fog”)
___ Seizures
___ Seizure-like episodes
___ Syncope (fainting) or blackouts
___ Sensation that you might faint
___ Vertigo or dizziness
___ Numbness or tingling sensations
___ Tinnitus (ringing in one or both ears), Ringing in one ear
___ Photophobia (sensitivity to light)
___ Noise intolerance

EQUILIBRIUM/PERCEPTION
___ Feeling spatially disoriented
___ Dysequilibrium (balance difficulty)
___ Staggering gait (clumsy walking; bumping into things)
___ Dropping things frequently
___ Difficulty judging distances (e.g. when driving; placing objects on surfaces)
___ “Not quite seeing” what you are looking at
SLEEP

____ Hypersomnia (excessive sleeping)
____ Sleep disturbance: unrefreshing or non-restorative sleep
____ Sleep disturbance: difficulty falling asleep
____ Sleep disturbance: difficulty staying asleep (frequent awakenings)
____ Sleep disturbance: vivid or disturbing dreams or nightmares
____ Altered sleep/wake schedule (alertness/energy best late at night)

MOOD/EMOTIONS

____ Depressed mood
____ Suicidal thoughts
____ Suicide attempts
____ Feeling worthless
____ Frequent crying
____ Feeling helpless and/or hopeless
____ Inability to enjoy previously enjoyed activities
____ Increased appetite
____ Decreased appetite
____ Anxiety or fear when there is no obvious cause
____ Panic attacks
____ Irritability; overreaction
____ Rage attacks: anger outbursts with little or no cause
____ Abrupt, unpredictable mood swings
____ Phobias (irrational fears)
____ Personality changes

EYES AND VISION

____ Eye pain
____ Changes in visual acuity (frequent changes in ability to see well)
____ Difficulty with accommodation (switching focus from one thing to another)
____ Blind spots in vision
SENSITIVITIES

_____ Sensitivities to medications (unable to tolerate "normal" dosage)
_____ Sensitivities to odors – smells
_____ Sensitivities to foods
_____ Alcohol intolerance
_____ Auditory sensitivity (sound)
_____ Alteration of taste, smell, and/or hearing
_____ Light Sensitivity In general – Drug induced
_____ Electrical sensitivities

UROGENITAL

_____ Frequent urination
_____ Painful urination or bladder pain
_____ Prostate pain
_____ Impotence
_____ Endometriosis
_____ Worsening of premenstrual syndrome (PMS)
_____ Decreased libido (sex drive)

GASTROINTESTINAL

_____ Stomach ache; abdominal cramps
_____ Nausea
_____ Vomiting
_____ Esophageal reflux (heartburn)
_____ Frequent diarrhea
_____ Chronic constipation
_____ Bloating; intestinal gas
_____ Decreased appetite
_____ Increased appetite
_____ Food cravings
_____ Weight gain (____ lbs)
_____ Weight loss (____ lbs)
SKIN
____ Rashes or sores
____ Eczema or psoriasis
____ Acne

OTHER
____ Hair loss
____ Mitral valve prolapse
____ Cancer
____ Dental problems
____ Periodontal (gum) disease
____ Aphthous ulcers (canker sores)

COGNITIVE
____ Difficulty with simple calculations (e.g., balancing checkbook)
____ Word-finding difficulty
____ Using the wrong word
____ Difficulty expressing ideas in words
____ Difficulty moving your mouth to speak
____ Slowed speech
____ Stuttering; stammering
____ Impaired ability to concentrate
____ Easily distracted during a task
____ Difficulty paying attention
____ Difficulty following a conversation when background noise is present
____ Losing your train of thought in the middle of a sentence
____ Difficulty putting tasks or things in proper sequence
____ Losing track in the middle of a task (remembering what to do next)
____ Difficulty with short-term memory
____ Difficulty with long-term memory
____ Forgetting how to do routine things
____ Difficulty understanding what you read
___ Switching left and right
___ Transposition (reversal) of numbers, words and/or letters when you speak
___ Transposition (reversal) of numbers, words and/or letters when you write
___ Difficulty remembering names of objects
___ Difficulty remembering names of people
___ Difficulty recognizing faces
___ Difficulty following simple written instructions
___ Difficulty following complicated written instructions
___ Difficulty following simple oral (spoken) instructions
___ Difficulty following complicated oral (spoken) instructions
___ Poor judgment
___ Difficulty making decisions
___ Difficulty integrating information (putting ideas together to form a complete picture or concept)
___ Difficulty following directions while driving
___ Becoming lost in familiar locations when driving
___ Feeling too disoriented to drive