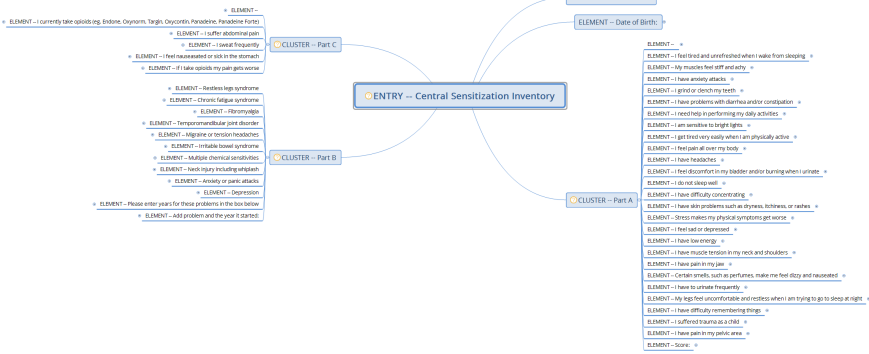


Central Sensitization Inventory

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Archetype Name	Central Sensitization Inventory
Clinical Area(s)	Physiotherapy, Medical
Description of Use	The Central Sensitisation Inventory (CSI) is a self-report outcome measure designed to identify patients who have symptoms that may be related to central sensitisation (CS) or central sensitivity syndromes (CSS).
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>CENTRAL SENSITIZATION INVENTORY</div><div><div>PATIENT NAME:TEST Patient</div><div>DATE OF BIRTH:12/12/199012:00AM</div></div><div><div>PART A</div><div>PART B</div><div><div>RESTLESS LEGS SYNDROME</div><div><input type="radio"/> Yes<input type="radio"/> No</div></div><div><div>CHRONIC FATIGUE SYNDROME</div><div><input type="radio"/> Yes<input type="radio"/> No</div></div><div><div>FIBROMYALGIA</div><div><input type="radio"/> Yes<input type="radio"/> No</div></div><div><div>TEMPEROMANDIBULAR JOINT DISORDER</div><div><input type="radio"/> Yes<input type="radio"/> No</div></div><div><div>MIGRAINE OR TENSION HEADACHES</div><div><input type="radio"/> Yes<input type="radio"/> No</div></div><div><div>IRRITABLE BOWEL SYNDROME</div><div><input type="radio"/> Yes<input checked="" type="radio"/> No</div></div><div><div>MULTIPLE CHEMICAL SENSITIVITIES</div><div><input type="radio"/> Yes<input checked="" type="radio"/> No</div></div><div><div>NECK INJURY INCLUDING WHIPLASH</div><div><input type="radio"/> Yes<input checked="" type="radio"/> No</div></div><div><div>ANXIETY OR PANIC ATTACKS</div><div><input type="radio"/> Yes<input checked="" type="radio"/> No</div></div><div><div>DEPRESSION</div><div><input type="radio"/> Yes<input checked="" type="radio"/> No</div></div></div><div><div>PART C</div><div>Please select the best response to the right of each statement.</div><div><div>1. I CURRENTLY TAKE OPIOIDS (EG. ENDONE, OXYNORM, TARGIN, OXYCONTIN, PANADEINE, PANADEINE FORTE)</div><div><input type="radio"/> Never<input type="radio"/> Rarely<input type="radio"/> Sometimes<input type="radio"/> Often<input type="radio"/> Always</div></div><div><div>2. I SUFFER ABDOMINAL PAIN</div><div><input type="radio"/> Never<input type="radio"/> Rarely<input type="radio"/> Sometimes<input type="radio"/> Often<input type="radio"/> Always</div></div><div><div>3. I SWEAT</div><div><input type="radio"/> Never<input type="radio"/> Rarely<input type="radio"/> Sometimes<input type="radio"/> Often<input type="radio"/> Always</div></div></div></div>
Report Preview	<div><div><div>Mrs Patient Marie TEST</div><div>Born 12-Dec-1990 (31y) Gender Female 31y at the time of observation</div></div><div><div>Address12 Demo Street MAROOCHYDORE QLD 4558</div><div>Phone(07)54566000</div><div>Medicare No460868371/1</div></div><div><div>SpecimenLab No1CD61BA7-A3B0-40F8-93CA-AB34818AC153</div><div>Request Date21/09/2022 11:19 AM</div><div>Effective Date21/09/2022 11:19 AM</div><div>Generated Date21/09/2022 11:18 AM</div></div></div> <div><div>Central Sensitization Inventory (E DAY)</div><div><div>Patient Name:TEST Patient</div><div>Date of Birth:12/12/1990</div><div>PART A</div><div>Please select the best response to the right of each statement.</div><div><div>1. I feel tired and unrefreshed when I wake from sleeping</div><div>Never</div></div><div><div>2. My muscles feel stiff and achy</div><div>Rarely</div></div><div><div>3. I have anxiety attacks</div><div>Sometimes</div></div><div><div>4. I grind or clench my teeth</div><div>Often</div></div><div><div>5. I have problems with diarrhea and/or constipation</div><div>Always</div></div><div><div>6. I need help in performing my daily activities</div><div>Often</div></div><div><div>7. I am sensitive to bright lights</div><div>Sometimes</div></div><div><div>8. I get tired very easily when I am physically active</div><div>Rarely</div></div><div><div>9. I feel pain all over my body</div><div>Never</div></div><div><div>10. I have headaches</div><div>Rarely</div></div><div><div>11. I feel discomfort in my bladder and/or burning when I urinate</div><div>Sometimes</div></div><div><div>12. I do not sleep well</div><div>Often</div></div><div><div>13. I have difficulty concentrating</div><div>Always</div></div><div><div>14. I have skin problems such as dryness, itchiness, or rashes</div><div>Often</div></div><div><div>15. Stress makes my physical symptoms get worse</div><div>Sometimes</div></div><div><div>16. I feel sad or depressed</div><div>Rarely</div></div><div><div>17. I have low energy</div><div>Never</div></div><div><div>18. I have muscle tension in my neck and shoulders</div><div>Rarely</div></div><div><div>19. I have pain in my jaw</div><div>Sometimes</div></div></div></div>

Mind Map



Excel File /Structure

CEN.CentralSensitizationInventory.v1.xlsx

Editor Screenshot

CEN.CentralSensitizationInventory.v1

- ☐ Description
- ☐ Uses D Archetype(s)
- ☐ Definition
 - ☐ ENTRY - Central Sensitization Inventory
 - ☐ ELEMENT - Patient Name
 - ☐ ELEMENT - Date of Birth
 - ☐ CLUSTER - Part A
 - ☐ ELEMENT -
 - ☐ ELEMENT -- I feel tired and unrefreshed when I wake from sleeping
 - ☐ ELEMENT -- My muscles feel stiff and achy
 - ☐ ELEMENT -- I have anxiety attacks
 - ☐ ELEMENT -- I grind or clench my teeth
 - ☐ ELEMENT -- I have problems with diarrhea and/or constipation
 - ☐ ELEMENT -- I need help in performing my daily activities
 - ☐ ELEMENT -- I am sensitive to bright lights
 - ☐ ELEMENT -- I get tired very easily when I am physically active
 - ☐ ELEMENT -- I feel pain all over my body
 - ☐ ELEMENT -- I have headaches
 - ☐ ELEMENT -- I feel discomfort in my bladder and/or burning when I urinate
 - ☐ ELEMENT -- I do not sleep well
 - ☐ ELEMENT -- I have difficulty concentrating
 - ☐ ELEMENT -- I have skin problems such as dryness, itchiness, or rashes
 - ☐ ELEMENT -- Stress makes my physical symptoms get worse
 - ☐ ELEMENT -- I feel sad or depressed
 - ☐ ELEMENT -- I have low energy
 - ☐ ELEMENT -- I have muscle tension in my neck and shoulders
 - ☐ ELEMENT -- I have pain in my jaw
 - ☐ ELEMENT -- Certain smells, such as perfumes, make me feel dizzy and nauseated
 - ☐ ELEMENT -- I have to urinate frequently
 - ☐ ELEMENT -- My legs feel uncomfortable and restless when I am trying to go to sleep at night
 - ☐ ELEMENT -- I have difficulty remembering things
 - ☐ ELEMENT -- I suffered trauma as a child
 - ☐ ELEMENT -- I have pain in my pelvic area
 - ☐ ELEMENT - Score
 - ☐ CLUSTER - Part B
 - ☐ CLUSTER - Part C
 - ☐ Ontology
 - ☐ Presentation