Central Sensitization Inventory 9

Name: _____ Date: _____

Please circle the best response to the right of each statement, describing how you have felt, on average, over the past WEEK / MONTH

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 feel pain all over my body.	Never	Rarely	Sometimes	Often	Always
4. I have headaches.	Never	Rarely	Sometimes	Often	Always
5. I do not sleep well.	Never	Rarely	Sometimes	Often	Always
6. I have difficulty concentrating.	Never	Rarely	Sometimes	Often	Always
7. Stress makes my physical symptoms get worse.	Never	Rarely	Sometimes	Often	Always
8. I have muscle tension in my neck and shoulders.	Never	Rarely	Sometimes	Often	Always
9. I have difficulty remembering things.	Never	Rarely	Sometimes	Often	Always
Subscores Total	0x	1x	2x	3x	4x

CSI-9 score	
Subclinical	0-9
Mild	10-19
Mod/severe	20-36

Nishigami T, Tanaka K, Mibu A, Manfuku M, Yono S, Tanabe A. Development and psychometric properties of short form of central sensitization inventory in participants with musculoskeletal pain: A cross-sectional study. *PLoS One*. 2018;13(7):e0200152.