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Appendix 2: Adapted from Mayer et al, 2012. The Central Sensitization 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				
		NO	YES	Year Diagnosed
1	Restless Leg Syndrome			
2	Chronic Fatigue Syndrome			
3	Fibromyalgia			
4	Temporomandibular Joint Disorder (TMJ)			
5	Tension Headaches / Migraines			
6	Irritable Bowel Syndrome			
7	Multiple Chemical Sensitivities			
8	Neck Injury (including whiplash)			
9	Anxiety or Panic attacks			
10	Depression			