

## DO YOU HAVE CENTRALIZED PAIN?

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
*Last First*

1. Is your pain constant (never leaves)?  Yes  No
2. Do you have insomnia?  Yes  No
3. Do you have periods of great sweating?  Yes  No
4. Do you have periods when your temperature goes up (feel hot)?  Yes  No
5. Are your hands and/or feet usually cold?  Yes  No
6. Do you have periods that you have difficulty reading, analyzing, or remembering?  Yes  No
7. Do you have periods when you can't smell, taste, or hear?  Yes  No
8. Do you sometimes have a lot of electricity? (Shock others, burn out lights or watches)  Yes  No
9. Are you always fatigued even if you get some sleep?  Yes  No
10. Does some of your pain move from one location to another?  Yes  No
11. Do you have jerking or tremors?  Yes  No
12. Does the skin over your pain site really hurt if you touch or rub it?  Yes  No
13. Does water hitting or splashing on your skin irritate or cause you pain?  Yes  No

**If you answered yes to number one and yes to over half of the other questions, your pain has settled in your spinal cord and/or brain due to neuroinflammation. We highly recommend a specific treatment protocol for neuroinflammation.**