

Initials/Subject ID # _____ Site Name _____ Date (DD/MM/YY) _____ Visit # _____
_____/_____/_____

CRPS SEVERITY SCORE (CSS)*

DIAGNOSIS: CRPS-I CRPS-II Non-CRPS: _____

ETIOLOGY: Crush Surgery Fracture Laceration Other: _____

DATE INJURY: ____/____/____ DATE SX ONSET: ____/____/____ LOCATION: L R UE LE

Current Numeric pain Rating Scale (NRS) of affected side¹: ____/10; 24 hr worst ____/10; 24hr best ____/10

SYMPTOMS

Comments:

Circle "Yes" or "No" for each as reported by patient over the past 48 hours:

YES	NO	Continuing, disproportionate pain ²	_____
YES	NO	Allodynia, Hyperalgesia, and/or Hypoesthesia ³ : <i>specify:</i> Allo Hyper Hypo	_____
YES	NO	Temperature asymmetry ⁴ <i>If yes, specify:</i> Cold Warm Labile	_____
YES	NO	Color asymmetry ⁵ <i>If yes, specify:</i> Red Blue Other	_____
YES	NO	Sweating asymmetry ⁶	_____
YES	NO	Edema ⁷	_____
YES	NO	Dystrophic changes ⁸ <i>If yes, specify:</i> Nails Hair Skin	_____
YES	NO	Motor abnormalities ⁹ <i>If yes, specify:</i> Weak Tremor Dystonia	_____
		Decreased ROM Myoclonus	_____

SIGNS (as observed by examiner this date). Note any detailed comments on back:

YES	NO	Hyperalgesia or Hypoesthesia to single pinprick ¹⁰ <i>If yes, specify:</i> Hyperalgesia Hypoesthesia
YES	NO	Allodynia ¹¹ <i>If yes, specify to:</i> Light Touch Deep Joint Pressure Vibration Cold Heat
YES	NO	Temperature asymmetry by palpation ¹² <i>If yes, specify:</i> Affected Side Cooler Affected Side Warmer
YES	NO	Color asymmetry ¹³ <i>If yes, specify:</i> Affected side: Red Blue or Pale Mottled Scar
YES	NO	Asymmetric Edema ¹⁴ Notes: _____
YES	NO	Sweating asymmetry ¹⁵ <i>If yes, specify:</i> Increased on Affected Side Decreased on Affected Side
YES	NO	Dystrophic changes ¹⁶ <i>If yes, specify:</i> Nails Hair Skin. Notes: _____
YES	NO	Motor abnormalities ¹⁷ <i>If yes, specify:</i> Tremor Dystonia Decreased Active ROM
		Weakness ____/5 (Rate 0-5 of most affected joint)

* CRPS SEVERITY SCORE (CSS)*

Copyright RN Harden