

Horowitz/MSIDS 38 Point Symptom Checklist

This is a questionnaire to determine the probability of your having Lyme disease and other tick borne disorders.

Think about how you have been feeling over the previous month and how often you have been bothered by the following:

	<u>Frequency</u>	Never	Sometimes	Most of the time	All of the time
1. Unexplained fevers, sweats, chills or flushing.....	0	1	2	3	
2. Unexplained weight change...Loss or Gain.....	0	1	2	3	
3. Fatigue, tiredness.....	0	1	2	3	
4. Unexplained hair loss.....	0	1	2	3	
5. Swollen glands.....	0	1	2	3	
6. Sore throat.....	0	1	2	3	
7. Testicular pain / Pelvic pain.....	0	1	2	3	
8. Unexplained menstrual irregularity.....	0	1	2	3	
9. Unexplained breast milk production / breast pain.....	0	1	2	3	
10. Irritable bladder or bladder dysfunction.....	0	1	2	3	
11. Sexual dysfunction / loss of libido.....	0	1	2	3	
12. Upset stomach.....	0	1	2	3	
13. Change in bowel function (Constipation or Diarrhea)	0	1	2	3	
14. Chest pain or rib soreness.....	0	1	2	3	
15. Shortness of breath / cough.....	0	1	2	3	
16. Heart palpitations, pulse skips, heart block.....	0	1	2	3	
17. History of heart murmur or valve prolapse.....	0	1	2	3	
18. Joint pain or swelling.....	0	1	2	3	
19. Stiffness of the neck or back.....	0	1	2	3	
20. Muscle pain or cramps.....	0	1	2	3	
21. Twitching of the face or other muscles.....	0	1	2	3	
22. Headaches.....	0	1	2	3	
23. Neck cracks or neck stiffness.....	0	1	2	3	
24. Tingling, numbness, burning or stabbing sensations...	0	1	2	3	
25. Facial Paralysis (Bells Palsy).....	0	1	2	3	
26. Eyes / Vision—Double, blurry.....	0	1	2	3	
27. Ears / Hearing—Buzzing, ringing, ear pain.....	0	1	2	3	
28. Increased motion sickness, vertigo.....	0	1	2	3	
29. Lightheartedness, poor balance, difficulty walking....	0	1	2	3	
30. Tremors.....	0	1	2	3	
31. Confusion, difficulty thinking.....	0	1	2	3	
32. Difficulty with concentration or reading.....	0	1	2	3	
33. Forgetfulness, poor short term memory.....	0	1	2	3	
34. Disorientation: Getting lost, going to the wrong places	0	1	2	3	
35. Difficulty with speech or writing.....	0	1	2	3	
36. Mood swings, irritability, depression.....	0	1	2	3	
37. Disturbed sleep—Too much, too little, awake early...	0	1	2	3	
38. Exaggerated symptoms / worse hangover from alcohol	0	1	2	3	

TOTAL

Please add up your totals from each column. then add up the 4 column totals: This is your first score.

Score from Page 1: _____

Section 2

Now, please check off each incident you can answer yes to with the following questions:

1. You have had a tick bite with no rash or flu-like symptoms..... 3 points
2. You have had a tick bite, an Erythema migrans or undefined rash,
followed by flu-like symptoms..... 5 points
3. You live what is considered a Lyme endemic area..... 2 points
4. You have a family member diagnosed with Lyme and/or tick borne infections..... 1 point
5. You experience migratory muscle pain..... 4 points
6. You experience migratory joint pain..... 4 points
7. You experience tingling/burning/numbness that migrates and/or comes and goes..... 4 points
8. You have received a prior diagnosis of Chronic Fatigue Syndrome or Fibromyalgia 3 points
9. You have received a prior diagnosis of a non-specific autoimmune disorder such as
Lupus, Multiple Sclerosis or Rheumatoid Arthritis..... 3 points
10. You have had a positive Lyme test (ELISA, Western Blot, PCR)..... 5 points

TOTAL

Please add your points from Section 2 _____ + Score from Page 1 _____ = _____ (This is your Ongoing Score)

Section 3

1. Thinking about your overall physical health, for how many days during the past 30 days was your physical health not good? _____ days
2. Thinking about your overall mental health, for how many days during the past 30 days was your mental health not good? _____ days

Compare to the following cutoffs and add points from these 2 questions to your Ongoing Score.

0—5 days = 1 point 13—20 days = 3 points
6—12 days = 2 points 21—30 days = 4 points

Please add your points from Section 3 _____ + ongoing score _____ = _____

Section 4

Lastly, if on the first page you rated a '3' for ALL of the following five questions:

<input type="checkbox"/> #1. Fatigue	<input type="checkbox"/> #33. Forgetfulness, poor short term memory
<input type="checkbox"/> #18. Joint pain or swelling	<input type="checkbox"/> #37. Disturbed sleep—Too much, too little, awake early
<input type="checkbox"/> #24. Tingling, numbness, burning or stabbing sensations	

Please give yourself a 5 and add it to the Ongoing Score after Section 3 = _____ (This is your FINAL SCORE)

ONLY GIVE YOURSELF THESE 5 POINTS IF YOU RATED "3" FOR ALL OF THESE SYMPTOMS.

FINAL SCORE

Now please take your final score and compare it to the scale used by Dr. Horowitz

0—20..... Tick Borne Illness not likely
21—45..... Tick Borne Illness possible
46 and above..... Tick Borne Illness highly likely

YOUR NAME: _____ TODAY'S DATE: _____