

# Horowitz/MSIDS 38 Point Symptom Checklist

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Age: \_\_\_\_\_

**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:

## Section 1

	Frequency			
	never	sometimes	most of the time	all of the time
Unexplained fevers, sweats, chills, or flushing	0	1	2	3
Unexplained weight change...loss or gain	0	1	2	3
Fatigue, tiredness	0	1	2	3
Unexplained hair loss	0	1	2	3
Swollen glands	0	1	2	3
Sore throat	0	1	2	3
Testicular pain/pelvic pain	0	1	2	3
Unexplained menstrual irregularity	0	1	2	3
Unexplained breast milk production, breast pain	0	1	2	3
Irritable bladder or bladder dysfunction	0	1	2	3
Sexual dysfunction/loss of libido	0	1	2	3
Upset stomach	0	1	2	3
Change in bowel function (constipation or diarrhea)	0	1	2	3
Chest pain or rib soreness	0	1	2	3
Shortness of breath/cough	0	1	2	3
Heart palpitations, pulse skips, heart block	0	1	2	3
History of heart murmur or valve prolapse	0	1	2	3
Joint pain or swelling	0	1	2	3
Stiffness of the neck or back	0	1	2	3
Muscle pain or cramps	0	1	2	3
Twitching of the face or other muscles	0	1	2	3
Headaches	0	1	2	3
Neck cracks or neck stiffness	0	1	2	3
Tingling, numbness, burning or stabbing sensations	0	1	2	3
Facial paralysis (bells palsy)	0	1	2	3
Eyes/vision – double, blurry	0	1	2	3
Ears/hearing – buzzing, ringing, ear pain	0	1	2	3
Increased motion sickness, vertigo	0	1	2	3
Lightheadedness, poor balance, difficulty walking	0	1	2	3
Tremors	0	1	2	3
Confusion, difficulty thinking	0	1	2	3
Difficulty with concentration or reading	0	1	2	3
Forgetfulness, poor short term memory	0	1	2	3

Disorientation; getting lost, going to wrong places	0	1	2	3
Difficulty with speech or writing	0	1	2	3
Mood swings, irritability, depression	0	1	2	3
Disturbed sleep – too much, too little, early awake	0	1	2	3
Exaggerated symptoms or worse hangover from alcohol	0	1	2	3

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

**Score from Section 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 in what is considered a Lyme endemic area.  | _____ | 2 points |
| 4. You have a family member diagnosed with Lyme and/or tick borne infections.                                   | _____ | 1 points |
| 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 (Lupus, MS, Rheumatoid Arthritis). | _____ | 3 points |
| 10. You have had a positive Lyme test (ELISA, Western Blot, PCR).   | _____ | 5 points |

**Please add your points from Section 2 \_\_\_\_\_ + Score from Section 1 \_\_\_\_\_ = \_\_\_\_\_ (This is your Ongoing Score)**

## Section 3

- Thinking about your overall physical health, for how many days during the past 30 days was your physical health not good? \_\_\_\_\_ Days
- Thinking about your overall mental health, for how many days during the past 30 days was your mental health not good? \_\_\_\_\_ Days

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

**Please add your points from Section 3 \_\_\_\_\_ + Ongoing Score \_\_\_\_\_ = \_\_\_\_\_**

## Section 4

**Lastly, if on the first Section you rated a '3' for ALL of the following:**

Fatigue | Forgetfulness, poor short term memory | Joint pain or Swelling | Tingling, numbness, burning or stabbing sensations | Disturbed sleep – Too Much, Too Little, Early Awake

Please give yourself a 5 and add it to the final 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 SCORING:

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