

NW Naturopathic Medicine/Date _____

Patient name and DOB _____

Answer the following questions as honestly as possible. Think about how you have been feeling over the PREVIOUS MONTH and how often you have been bothered by any of the following problems. Score the occurrence of each symptom on the following scale: none, mild, moderate, severe

SECTION 1: SYMPTOM FREQUENCY SCORE
0 - None 1 - Mild 2 - Moderate 3 - Severe

- 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 or 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 or 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 or cough 0 1 2 3
- Heart palpitations, pulse skips, heart block 0 1 2 3
- History of a 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

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- Facial paralysis (Bell's 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
 - Light-headedness, 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 awakening 0 1 2 3
 - Exaggerated symptoms or worse hangover from alcohol 0 1 2 3

Add up your total points from the first section. This is _____
 your first score. Please enter that number here:

SECTION 2: MOST COMMON LYME SYMPTOMS SCORE

If you rated a 3 for each of the following 5 items in _____
 section 1, give yourself 5 additional points:

1. Fatigue
2. Forgetfulness; poor short term memory,
3. Joint pain or swelling,
4. Tingling, numbness or stabbing sensations
5. Disturbed sleep: too much, too little, early awakening.

Please enter your score (0 or 5) here:

SECTION 3: LYME INCIDENCE SCORE

Now, please select the points for each of the following symptoms you can agree with

- You have had a tick bite with no rash or flu-like symptoms No 3 points
- You have had a tick bite, an erythema migrans (bullseye rash) or an undefined rash, followed by flu-like symptoms No 5 points

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You live in what is considered a Lyme-endemic area No 2 points

You have a family member who has been diagnosed with Lyme and/or other tick-borne infections No 1 point

You experience migratory muscle pain (one muscle one day, another the next) No 4 points

You experience migratory joint pain No 4 points

You experience tingling/burning/numbness that migrates or comes and goes No 4 points

You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia No 3 points

You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS or rheumatoid arthritis) or of a non-specific autoimmune disorder No 3 points

You have had a positive Lyme test (IFA, ELISA, Western Blot, PCR and/or borrelia culture) No 5 points

Please enter the total number of points from this section here: _____

SECTION 4: OVERALL HEALTH SCORE

Thinking about your overall physical health, for how many of the past thirty days was your physical health not good. 0-5 days - 1 point 6-12 days - 2 points 13-20 days - 3 points 21-30 days - 4 points

Thinking about your overall mental health, for how many days during the past thirty days was your mental health not good 0-5 days - 1 point 6-12 days - 2 points 13-20 days - 3 points 21-30 days - 4 points

Total score for section 4 _____

SCORING

Record you total scores for each section below, and add them together to achieve your final score

Section 1 Total _____

Section 2 Total _____

Section 3 Total _____

Section 4 Total _____

FINAL SCORE _____

If you scored 46 or more: you have a high probability of a tick-borne disorder

If you scored between 21 and 45, you possibly have a tick-borne disorder

If you scored under 21, you are not likely to have a tick-borne disorder

Thank you for your time.

This questionnaire was adapted with permission from the book "Why Can't I Get Better: Solving the Mystery of Lyme and Chronic Disease" by Richard I. Horowitz, MD c.2013