

## Lyme Questionnaire

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

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

- |   |  |
|---|--|
| _____ 1. Unexplained fevers, sweats, chills, or flushing    | _____ 21. Twitching of the face or other muscles                 |
| _____ 2. Unexplained weight change: loss or gain            | _____ 22. Headaches  |
| _____ 3. Fatigue, tiredness                                 | _____ 23. Neck cracks or neck stiffness                          |
| _____ 4. Unexplained hair loss                              | _____ 24. Tingling, numbness, burning, or stabbing sensations    |
| _____ 5. Swollen glands                                     | _____ 25. Facial paralysis (Bell's palsy)                        |
| _____ 6. Sore throat  | _____ 26. Eyes/vision: double, blurry                            |
| _____ 7. Testicular or pelvic pain                          | _____ 27. Ears/ hearing: buzzing, ringing, ear pain              |
| _____ 8. Unexplained menstrual irregularity                 | _____ 28. Increased motion sickness, vertigo                     |
| _____ 9. Unexplained breast milk production; breast pain    | _____ 29. Light-headedness, poor balance, difficulty walking     |
| _____ 10. Irritable bladder or bladder dysfunction          | _____ 30. Tremors  |
| _____ 11. Sexual dysfunction or loss of libido              | _____ 31. Confusion, difficulty thinking                         |
| _____ 12. Upset stomach                                     | _____ 32. Difficulty with concentration or reading               |
| _____ 13. Altered bowel function (constipation or diarrhea) | _____ 33. Forgetfulness, poor short term memory                  |
| _____ 14. Chest pain or rib soreness                        | _____ 34. Disorientation: getting lost; going to wrong places    |
| _____ 15. Shortness of breath or cough                      | _____ 35. Difficulty with speech or writing                      |
| _____ 16. Heart palpitations, pulse skips, heart blocks     | _____ 36. Mood swings, irritably, depression                     |
| _____ 17. History of a heart murmur or valve prolapse       | _____ 37. Disturbed sleep: too much, too little, early awakening |
| _____ 18. Joint pain or swelling                            | _____ 38. Exaggerated symptoms or worse hangover from alcohol    |
| _____ 19. Stiffness of the neck or back                     |  |
| _____ 20. Muscle pain or cramps                             |  |

## Lyme Questionnaire

Add up your totals from each of the columns. This is your first score.

Score: \_\_\_\_\_

### Section 2: Common Symptom Emphasis

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

- \_\_\_\_\_ Fatigue (#3)
- \_\_\_\_\_ Forgetfulness, poor short term memory (#33)
- \_\_\_\_\_ Joint pain or swelling (#18)
- \_\_\_\_\_ Tingling, numbness, burning, or stabbing sensations (#24)
- \_\_\_\_\_ Disturbed sleep: too much, too little, early awakening (#37)

Score: \_\_\_\_\_

### Section 3: Lyme Incidence Score

Now please circle the points for each of the following statements you can agree with:

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 migraines (a bulls-eye rash), or an unidentified 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 or roommate (same household) who has been diagnosed with Lyme and/or other tick borne infections . 1 point
5. You experience migratory muscle pain (moves around) . 4 points
6. You experience migratory joint pain (moves around). 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 specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder. 3 points
10. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). 5 points

Score: \_\_\_\_\_

## Lyme Questionnaire

### Section 4: Physical Health Score

1. Thinking about your overall physical health, for how many of the past thirty days was your physical health not good? \_\_\_\_\_ days

Award yourself the following points based on the total number of days:

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

Score: \_\_\_\_\_

### Section 5: Mental Health Score

2. Thinking about your overall mental health, for how many days during the past thirty 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

Score: \_\_\_\_\_

### Calculating Your Total Score

Record your total scores for each section above and add them together to achieve your final score:

- Section 1 total: \_\_\_\_\_
- Section 2 total: \_\_\_\_\_
- Section 3 total: \_\_\_\_\_
- Section 4 total: \_\_\_\_\_
- Section 5 total: \_\_\_\_\_

Final Score: \_\_\_\_\_

## Lyme Questionnaire

- If you scored 46 or more , you have a high probability of a tick-borne disorder and should see a health- care provider for further evaluation and/or seek the support of a holistic wellness professional.
- If you scored between 21-45 , you possibly have a tick-borne disorder and should see a health-care provider for further evaluation and/or seek the support of a holistic wellness professional.
- If you scored under 21 , you are not likely to have a tick-borne disorder.

\*This form modified from the work of Dr. Richard I. Horowitz, MD

For information on consultations with our office, please visit [www.doctorgendron.com](http://www.doctorgendron.com)

or call the office at 239-947-1177.