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

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

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**)

O**NLY 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

APEX BOTANICALS

Have questions or need help choosing the right products for your symptoms? **Email** support@apexbotanicals.com **to speak to one of our Lyme-Literate Herbalists at no cost.**