



Love & Teek Care ♥

Horowitz Lyme-MSIDS Questionnaire

No.	Section 1: symptom frequency score	Score *
1.	Unexplained fevers, sweats, chills, or flushing	
2.	Unexplained weight change; loss or gain	
3.	Fatigue, tiredness	
4.	Unexplained hair loss	
5.	Swollen glands	
6.	Sore throat	
7.	Testicular or pelvic pain	
8.	Unexplained menstrual irregularity	
9.	Unexplained breast milk production; breast pain	
10.	Irritable bladder or bladder dysfunction	
11.	Sexual dysfunction or loss of libido	
12.	Upset stomach	
13.	Change in bowel function (constipation or diarrhea)	
14.	Chest pain or rib soreness	
15.	Shortness of breath or cough	
16.	Heart palpitations, pulse skips, heart block	
17.	History of a heart murmur or valve prolapse	
18.	Joint pain or swelling	
19.	Stiffness of the neck or back	
20.	Muscle pain or cramps	
21.	Twitching of the face or other muscles	
22.	Headaches	
23.	Neck cracks or neck stiffness	
24.	Tingling, numbness, burning, or stabbing sensations	
25.	Facial paralysis (Bell's palsy)	
26.	Eyes/vision: double, blurry	



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27. Ears/hearing: buzzing, ringing, ear pain
28. Increased motion sickness, vertigo
29. Light-headedness, poor balance, difficulty walking
30. Tremors
31. Confusion, difficulty thinking
32. Difficulty with concentration or reading
33. Forgetfulness, poor short-term memory
34. Disorientation: getting lost; going to wrong places
35. Difficulty with speech or writing
36. Mood swings, irritability, depression
37. Disturbed sleep: too much, too little, early awakening
38. Exaggerated symptoms or worse hangover from alcohol

* **How to divide the points:**

0 = None

1 = Mild

2 = Moderate

3 = Severe

TOTAL SCORE:

Section 2: Most common Lyme Symptoms score

IMPORTANT: If you rated a 3 for each for these questions in section 1: 3, 18, 24, 33 and 37, you need to give yourself maximal 5 additional points.

Score: +



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Section 3: Lyme Incidence Score

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 flulike symptoms	+ 3
2.	You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike symptoms	+ 5
3.	You live in what is considered a Lyme-endemic area.	+ 2
4.	You have a family member who has been diagnosed with Lyme and/or other tick-borne infections	+ 1
5.	You experience migratory muscle pain	+ 4
6.	You experience migratory joint pain	+ 4
7.	You experience tingling/burning/numbness that migrates and/or comes and goes	+ 4
8.	You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia	+ 3
9.	You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder	+ 3
10.	You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture)	+ 5

TOTAL SCORE:



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Sectie 4: Overall Health Score

Question:

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

What is your score? ...

Question:

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

What is your score? ...



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SCORING

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

MY FINAL SCORE IS:POINTS

If you scored **46 or more**, you have a high probability of a tick-borne disorder and should see a healthcare provider for further evaluation.

If you scored **between 21 and 45**, you possibly have a tick-borne disorder and should see a healthcare provider for further evaluation.

If you scored **less than 21**, you are not likely to have a tick-borne disorder.