



Love & Teek Care ♥

# Horowitz Lyme-MSIDS Questionnaire

| No. | Section 1: symptom frequency score                  | Score<br>* |
|-----|-----------------------------------------------------|------------|
| 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

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**TOTAL SCORE:**

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## 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.