

Date: _____

Patient's Name: _____

M _____ F _____ Age _____

MSIDS 38 Point Symptom Checklist

This questionnaire to determine the probability of your having Lyme disease and other tick-borne disorders. Please fill this out to the best of your ability and follow the directions below.

	<u>Frequency</u>			
	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
Hearth 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
Headache	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 p the 4 columns totals: _____ This is your first score.

Date: _____

Patient's Name:

Score from page 1: _____

Section 2

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 migraines 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 point |
| 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 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 Page 1 _____ = _____ (This is your ongoing scores)

Section 3

Thinking about your overall physical health, for how many days during the past 30 days was your physical health not good?
_____ days

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 page you rated a '3' for all 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)

FINAL SCORING

Now please take your final score and compare it to the scale below:

- | | |
|------------|----------------------------------|
| 0 – 20 | Tick-borne Illness not likely |
| 20 – 40 | Tick-borne Illness possible |
| 40 – above | Tick-borne Illness highly likely |