

## Dr. Horowitz's Questionnaire

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
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
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

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

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

### **SECTION 2: MOST COMMON LYME SYMPTOMS SCORE**

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

- Fatigue
- Forgetfulness, poor short-term memory
- Joint pain or swelling
- Tingling, numbness, burning, or stabbing sensations
- Disturbed sleep: too much, too little, early awakening

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 flulike symptoms. 3 points
2. You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike symptoms. 5 points
3. You live in what is considered a Lyme-endemic area. 2 points
4. You have a family member who has been diagnosed with Lyme and/or other 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 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: \_\_\_\_\_

### **SECTION 4: OVERALL 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

2. 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  
Score: \_\_\_\_\_

**SCORING:**

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

Section 1 Total: \_\_\_\_\_

Section 2 total: \_\_\_\_\_

Section 3 total: \_\_\_\_\_

Section 4 total: \_\_\_\_\_

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

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.

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

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