

Name: _____

Date: _____

Horowitz Lyme-MSIDS Questionnaire

The Horowitz Lyme-MSIDS Questionnaire is not intended to replace the advice of your own physician or other medical professional. You should consult a medical professional in matters relating to health, and individuals are solely responsible for their own health care decisions regarding the use of this questionnaire. It is intended for informational purposes only and not for self-treatment or diagnosis.

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	
TOTAL Section 1	

Name: _____

Date: _____

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:	
39. Fatigue	
40. Forgetfulness, poor short-term memory	
41. Joint pain or swelling	
42. Tingling, numbness, burning, or stabbing sensations	
43. Disturbed sleep: too much, too little, early awakening	
TOTAL Section 2	

SECTION 3: LYME INCIDENCE SCORE

If true transpose
points here:

Please circle the points for each of the following statements you can agree with:	
44. You have had a tick bite with no rash or flulike symptoms. 3 points	
45. You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike symptoms. 5 points	
46. You live in what is considered a Lyme-endemic area. 2 points	
47. You have a family member who has been diagnosed with Lyme and/or other tick-borne infections. 1 point	
48. You experience migratory muscle pain. 4 points	
49. You experience migratory joint pain. 4 points	
50. You experience tingling/burning/numbness that migrates and/or comes and goes. 4 points	
51. You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia. 3 points	
52. You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder. 3 points	
53. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). 5 points	
TOTAL Section 3	

SECTION 4: OVERALL HEALTH SCORE

<p>54. Thinking about your overall physical health, for how many of the past thirty days was your physical health not good? _____ days</p> <p>Award yourself the following points based on the total number of days:</p> <p>0–5 days = 1 point 6–12 days = 2 points 13–20 days = 3 points 21–30 days = 4 points</p>	
<p>55. Thinking about your overall mental health, for how many days during the past thirty days was your mental health not good? _____ days</p> <p>Award yourself the following points based on the total number of days:</p> <p>0–5 days = 1 point 6–12 days = 2 points 13–20 days = 3 points 21–30 days = 4 points</p>	
TOTAL Section 4	

Name: _____

Date: _____

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.

Interpreting the Results

We see a high frequency of Section 1 symptoms in our patients, including fatigue, joint and muscle pain that often migrates, sleep disorders, as well as memory and concentration problems, and a high frequency of Section 3 symptoms, especially neuropathic pain that comes and goes and migrates (tingling, numbness, burning, etc.). These form a cluster of presenting symptoms that are characteristic of those with a high probability of having Lyme-MSIDS.

In one recent study conducted in our office of 100 consecutive patients, we found that more than 25 percent reported that the following symptoms were present most or all of the time in the month preceding their office visit. Many of these patients reported that these symptoms affected their quality of life: 71 percent reported that their physical health was not good and 47 percent reported that their mental health was not good on at least fifteen days in the previous month.