Horowitz Lyme-MSIDS Questionnaire

Date Of Birth: First Name: Last Name: Today's Date: SECTION 1: SYMPTOM FREQUENCY SCORE **1** Mild **0** None **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 palpations, 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

Horowitz Lyme-MSIDS Ques5onnaire

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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. <i>4 points</i>	
49. You experience migratory joint pain. <i>4 points</i>	
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. <i>3 points</i>	
53. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). 5 points	
Sec5on 3: Total Lyme Incidence Score	

SECTION 4: OVERALL HEALTH SCORE	
54. 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	
55. 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	
Sec5on 4: Total Overall Health Score	

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SECTION 5: 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 eva	aluation.
If you scored between 21 and 45, you possibly have a tick-borne disorder and should see a health\care provider for further evaluate	tion
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.

Disclaimer:

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.