

12 POSITIVES → TEST FOR Lyme  
IF OVER 1/3  
50% + → 70% CHANCE OF TICK BORNE DISEASE  
FROM { BURRUS AND  
HARRISON  
BROWN

### Directions For Completing the Symptom Questionnaire

Do your best to estimate the MAXIMUM severity of each symptom over the last 3 years. Only include symptoms that are recurrent in your life (at least once a month for 3 months or more at some time in the last 3 years.)

#### Definitions:

- **Mild** – Present in the last 3 years, but minimal effect on your life.
- **Moderate** - Between Mild and Severe
- **Severe** – You are unable to do things you would like to do because of this symptom.
  - Examples:
    - You cancel plans to do something social because of your fatigue.
    - You decline an opportunity or project at work or home due to your brain fog and/or fatigue.
    - You stop or decrease your exercise routine because of your pain and/or fatigue.
- **Severe** - You alter your life to accommodate your symptoms.
  - Examples:
    - You don't schedule things on the weekends to give yourself "recovery time."
    - You don't schedule things in the afternoons, as this is always a bad time of the day for you.
    - You occasionally don't make it into work because of your symptoms.
    - You can make it to work most days, but work performance is significantly compromised, and evenings are mostly non-productive.
    - You must use external supports (notebooks/planners/cell phone alarms) to help you remember to do things.
    - You are taking medication for your symptom.
- **Disabling**: You are unable to function in significant areas of your life for more than 7 days a month.
  - Examples:
    - You can't work.
    - You can't get to school/classes.
    - You have to quit work, decrease your hours at work, drop out of school, or be homeschooled at a significantly slower pace.
- **Disabling**: You need significant external support to perform basic tasks of living.
  - Examples:
    - Need help with meals.
    - Need very significant help organizing/keeping track of information – in the form of excessive note-taking/peripheral brain, or in the form of a personal support person.
    - Can't manage to get things done that are "absolutely necessary" due to fatigue/brain fog/overwhelm/paralysis.

## Summary of Symptoms

Place a check in the appropriate box

<u>Symptom</u>	<u>Maximum severity in the last 3 years</u>				
	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Disabling</u>
<b><u>Infectious Sx</u></b>					
Persistent swollen glands					
Sore throat					
Fevers					
Sweats, chills, flushing *					
Frequent minor infections					
Recurrent vaginal infections					
Recurrent or chronic sinus infections ***					
<b><u>Cognitive</u></b>					
Confusion, brain fog, trouble thinking					
Difficulty reading					
Difficulty learning new things					
Word search, name block					
Poor short term memory					
Poor focus, concentration					
Overwhelm					
Poor motivation/paralysis					
Unable to multitask					
Disorientation, getting lost					
Speech errors, wrong word					
<b><u>Energy</u></b>					
Fatigue					
Prolonged exercise recovery					
Napping during the day					
Feel much worse in the mornings					

\* More commonly seen with Babesia

\*\* More commonly seen with Bartonella

\*\*\* More commonly seen with mold toxicity

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Place a check in the appropriate box

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	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Disabling</u>
<b><u>Musculoskeletal</u></b>					
Joint pain					
Joint swelling					
Stiffness of neck, back, or joints					
Muscle pain					
Chest wall pain or sore ribs					
Obvious muscle weakness					
Muscle twitches or jerks					
Pain on the soles of your feet, esp in AM**					
Dental pain					
Neck creaks and cracks, neck pain					
<b><u>Mood Issues</u></b>					
Depression					
Anxiety, panic attacks					
Mood swings, irritability					
<b><u>Neurological</u></b>					
Deterioration of handwriting					
Tremor					
Headache					
Light sensitivity ***					
Sound sensitivity ***					
Chemical or odor sensitivity ***					
Vision: double, blurry, floaters					
Hearing: buzzing, ringing, tinnitus					
Increased motion sickness					
Vertigo (spinning), off balance, lightheadedness					

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## Summary of Symptoms

Place a check in the appropriate box

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	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Disabling</u>
<b><u>Neurological, cont.</u></b>					
Numbness, tingling					
Burning, stabbing, or electrical sensations **					
Vibration sensation					
Facial paralysis or Bell's Palsey					
Insomnia, early awakening, poor sleep					
<b><u>Endocrine</u></b>					
Trouble losing weight					
Unexplained weight loss					
Hair loss					
Heat intolerance *					
Cold intolerance *					
Cold hands and feet *					
Trouble maintaining body temp *					
Breast pain					
Loss of libido					
Very frequent urination ***					
Excessive thirst ***					
<b><u>Gastrointestinal</u></b>					
Nausea					
Stomach/abd pain/cramping (IBS)					
Bloating					
Constipation and/or diarrhea					
<b><u>Heart/Respiratory/Skin</u></b>					
Palpitations or skipped beats					
Heart block on EKG					
Breathlessness or "air hunger" ***					
Chronic cough					
Chronic nasal/sinus congestion ***					
Stretch marks **					
Intermittent or migrating rashes					
Persistent skin rashes					

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## Other Factors

Place a check next to the question if the answer is yes:

- \_\_\_\_\_ Have any of your symptoms significantly improved or worsened when you changed residence or workplace? \*\*
- \_\_\_\_\_ Have you experienced the sudden onset or worsening of more than 5 symptoms at a specific time?
- \_\_\_\_\_ You have lived or worked in moldy buildings either now or in the past. \*\*
- \_\_\_\_\_ You remember a tick bite \*
- \_\_\_\_\_ You have lived in or visited an area of the country where Lyme disease is common at sometime in your life. \*
- \_\_\_\_\_ A family member has been diagnosed with Lyme \*
- \_\_\_\_\_ Muscle and/or joint and/or nerve pain is migratory (moves from place to place) \*
- \_\_\_\_\_ You have experienced a sudden improvement or worsening of symptoms when given an antibiotic for another condition. \*
- \_\_\_\_\_ Your symptoms vary from day to day. You have "good days" and "bad days". \*
- \_\_\_\_\_ Diagnosis of chronic fatigue
- \_\_\_\_\_ Diagnosis of Fibromyalgia \*
- \_\_\_\_\_ Diagnosis of multiple chemical sensitivity \*\*
- \_\_\_\_\_ Diagnosis of auto-immune disorder \*
- \_\_\_\_\_ A family member has been diagnosed with any of the above conditions

Please list the symptoms that are affecting you the most at this time:

- 1.
- 2.
- 3.
- 4.
- 5.

\* More common with Lyme and Tick-borne diseases

\*\* More common with Mold toxicity