Dr. Horowitz's MSIDS Questionnaire

This is a questionnaire to determine the probability of your having Lyme disease and other tick-borne disorders.

Think about how you have been feeling over the previous month and how often you have been bothered by the following:

	FREQUENCY				
	Never	Sometimes	Most of the Time	All of the Time	Not Applicable
Unexplained fevers, sweats, chills or flushing	0	1	2	3	X
Unexplained weight change—loss or gain	0	1	2	3	X
Fatigue, tiredness	0	1	2	3	X
Unexplained hair loss	0	1	2	3	X
Swollen glands	0	1	2	3	X
Sore throat	0	1	2	3	X
Testicular pain/pelvic pain	0	1	2	3	X
Unexplained menstrual irregularity	0	1	2	3	X
Unexplained breast milk production, breast pain	0	1	2	3	X
Irritable bladder or bladder dysfunction	0	1	2	3	X
Sexual dysfunction/loss of libido	0	1	2	3	X
Upset stomach	0	1	2	3	X
Change in bowel function—constipation or diarrhea	0	1	2	3	X
Chest pain or rib soreness	0	1	2	3	X
Shortness of breath/cough	0	1	2	3	X
Heart palpitations, pulse skips, heart block	0	1	2	3	X
History of heart murmur or valve prolapse	0	1	2	3	X
Joint pain or swelling	0	1	2	3	X
Stiffness of the neck or back	0	1	2	3	X
Muscle pain or cramps	0	1	2	3	X
Twitching of the face or other muscles	0	1	2	3	X
Headaches	0	1	2	3	X
Neck cracks or neck stiffness	0	1	2	3	X
Tingling, numbness, burning or stabbing sensations	0	1	2	3	X
Facial paralysis (Bell's palsy)	0	1	2	3	X
Eyes/vision—double, blurry	0	1	2	3	X
Ears/hearing—buzzing, ringing, ear pain	0	1	2	3	X
Increased motion sickness, vertigo	0	1	2	3	X
Light-headedness, poor balance, difficulty walking	0	1	2	3	X
Tremors	0	1	2	3	X
Confusion, difficulty thinking	0	1	2	3	X
Difficulty with concentration or reading	0	1	2	3	X
Forgetfulness, poor short-term memory	0	1	2	3	X
Disorientation—getting lost, going to wrong places	0	1	2	3	X
Difficulty with speech or writing	0	1	2	3	X
Mood swings, irritability, depression	0	1	2	3	X
Disturbed sleep—too much, too little, early awakening	0	1	2	3	X
Exaggerated symptoms/worse hangover from alcohol	0	1	2	3	X
COLUMN TOTALS:					

Please add up your totals from each column, then add up the four column totals: _____ **(This is your First Score.)**

SECTION 2

Now please check off each statement that applies to you:

1. You have had a tick bite with no rash or flulike symptoms.	☐ 3 points
2. You had a tick bite, an erythema migrans or 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 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 a prior diagnosis of a nonspecific autoimmune disorder (lupus, multiple sclerosis, rheumatoid arthritis).	☐ 3 points
10. You have had a positive Lyme test (ELISA, Western Blot, PCR).	☐ 5 points
TOTAL:	

Please add your points from Section 2 _____ to your First Score from Page 1 _____ = _____ **(This is your Ongoing Score.)**

SECTION 3

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

Add the appropriate points for these two questions to your Ongoing Score:
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 _____ to your Ongoing Score of _____ = _____ **(This is your Section 3 Score.)**

SECTION 4

Lastly, check if you rated a "3" for ALL of the following on the first page:

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

Please add 5 to the score in Section 3 if you rated a "3" for *all* of the symptoms mentioned above. Otherwise, fill in your Section 3 Score here. _____
(This is your FINAL SCORE.)

FINAL SCORE: _____

Now compare your final score to the scale used by Dr. Horowitz:

0-24	Tick-Borne Illness is **Not Likely**
25-44	Tick-Borne Illness is **Possible**
45-62	Tick-Borne Illness is **Probable**
63 and above	Tick-Borne Illness is **Highly Probable**

YOUR NAME: _____ TODAY'S DATE:_____