

MSIDS Questionnaire | LYME Disease and Tick Borne Disorders

Think about how you have been feeling over the previous month and how often you have been bothered by the following symptoms and check boxes accordingly.

SECTION 1: SYMPTOMS	Never	Sometimes	Most of the time	All of the time	Not Applicable
Unexplained fevers, sweats, chills or flushing					
Unexplained weight change – loss or gain					
Fatigue, tiredness					
Unexplained hair loss					
Swollen glands					
Sore throat					
Testicular or pelvic pain					
Unexplained menstrual irregularity					
Unexplained breast milk production, breast pain					
Irritable bladder or bladder dysfunction					
Sexual dysfunction or loss of libido					
Upset stomach					
Change in bowel function(constipation or diarrhea)					
Chest pain or rib soreness					
Shortness of breath or cough					
Heart palpitations, pulse skips, heart block					
History of heart murmur or valve prolapse					
Joint pain or swelling					
Stiffness in neck or back					
Muscle pain or cramps					
Twitching of face or other muscles					
Headaches					
Neck cracks or neck stiffness					
Tingling, numbness, burning or stabbing sensations					
Facial paralysis (Bells Palsy)					
Eyes/Vision – Double, Blurry					
Ears/Hearing – Buzzing, Ringing, Ear pain					
Increased motion sickness, vertigo					
Lightheaded, poor balance, difficulty walking					
Tremors					
Confusion, difficulty thinking					
Difficulty with concentration or reading					
Forgetfulness, poor short term memory					
Disorientation; getting lost, or going to the wrong places					
Difficulty with speech or writing					
Mood swings, irritability, depression					
Disturbed sleep – Too Much, Too Little, Early Awake					
Exaggerated symptoms/worse hangover from alcohol					
SECTION 1: COLUMN TOTALS					

Put a check mark in the box after each statement you agree with.

SECTION 2 : HISTORY	
1. You have had a tick bite with no rash or flu-like symptoms.	
2. You had a tick bite, and Erythema migrans or undefined rash, followed by flu-like symptoms.	
3. You live in what is considered a Lyme endemic area.	
4. You have a family member diagnosed with Lyme and/or tick borne infections.	
5. You experience migratory muscle pain.	
6. You experience migratory joint pain.	
7. You experience tingling/burning/numbness that migrates and/or comes and goes.	
8. You have received a prior diagnosis of Chronic Fatigue Syndrome or Fibromyalgia.	
9. You have received a prior diagnosis of non-specific autoimmune disorder (Lupus, MS, Rheumatoid Arthritis)	
10. You have had a positive Lyme test (ELISA, Western Blot, PCR)	

SECTION 3 : OVERALL HEALTH	
1. Thinking about your overall physical health, for how many days during the past 30 days was your physical health not good?	
2. Thinking about your overall mental health, for how many days during the past 30 days was your mental health not good?	

Put a check mark after each item listed below if you marked it "all of the time" in section 1 on page 1.

SECTION 4	
Fatigue	
Forgetfulness, poor short term memory	
Joint pain or swelling	
Tingling, numbness, burning or stabbing sensations	
Disturbed sleep - Too much, Too little, Early Awake	

Scoring: Dr. Klausner will score and interpret this questionnaire for you. If you want to score this yourself instructions are on the page 3.

How to score your Horowitz/MSIDS questionnaire

1. Page 1, section 1: Symptoms

a. add the total number of check marks under “sometimes” and enter at the bottom of page 1 on the column totals line. Do the same for the “most of the time” and “all of the time” columns.

b. multiply the number of “sometimes” check marks by 1 _____

Multiply the number of “most of the time” check marks by 2 _____

Multiply the number of “all of the time” check marks by 3 _____

c. Add up your totals of all 3 columns.

This is your first score _____

2. Page 2, section 2: History

a. Each question has a different point value.

Question 1, 3 points _____ Question 2, 5 points _____

Question 3, 2 points _____ Question 4, 1 point _____

Question 5, 4 points _____ Question 6, 4 points _____

Question 7, 4 points _____ Question 8, 3 points _____

Question 9, 3 points _____ Question 10, 5 points _____

b. Add up the total points from section 2 and add to your score from section 1, page 1.

Section 2 _____ + section 1 _____ = _____

This is your ongoing score.

3. Page 2, section 3: Overall Health

The number of days you indicated for question one is scored as follows:

a. 0 - 5 days = 1 point _____ 6 - 12 days = 2 points _____

13 - 20 days = 3 points _____ 21 - 30 days = 4 points _____

b. Question two is scored the same way:

0 - 5 days = 1 point _____ 6 - 12 days = 2 points _____

13 - 20 days = 3 points _____ 21 - 30 days = 4 points _____

Add your totals for both questions in this section to your ongoing score _____

4. Page 2, section 4

If you rated all 5 of these questions as “all of the time” add 5 points to your ongoing score _____

The total for all 4 sections is your final score.

Your name _____ Today's date _____ Final Score _____

5. Compare your final score to the following scale:

0-24 points: tick-borne illness is not likely

25-44 points: tick-borne illness is possible

45-62 points: tick-borne illness is probable

63 and above: tick-borne illness is highly probably

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

Patient Name _____ Date: _____