

Lyme Disease Questionnaire

Name: _____ Date: _____

As part of your current illness have you had any of the following?

- | | | |
|---|-----|----|
| 1. Tick bite (deer tick, lone star, dog tick?) | Yes | No |
| 2. Rash at bite site (size) | Yes | No |
| 3. Rashes at other sites on body | Yes | No |
| 4. Joint/Muscle pain in feet | Yes | No |
| 5. Swelling in toes, balls of feet | Yes | No |
| 6. Ankle Pain | Yes | No |
| 7. Burning in feet | Yes | No |
| 8. Shin splints | Yes | No |
| 9. Unexplained fevers, sweats, chills | Yes | No |
| 10. Unexplained weight loss or gain | Yes | No |
| 11. Fatigue, tiredness | Yes | No |
| 12. Unexplained hair loss | Yes | No |
| 13. Swollen glands | Yes | No |
| 14. Sore throat | Yes | No |
| 15. Testicular pain/pelvic pain | Yes | No |
| 16. Unexplained menstrual irregularity | Yes | No |
| 17. Unexplained milk production (lactation) | Yes | No |
| 18. Irritable bladder or bladder dysfunction | Yes | No |
| 19. Sexual dysfunction or loss of libido | Yes | No |
| 20. Upset stomach | Yes | No |
| 21. Change in bowel function (constipation, diarrhea) | Yes | No |
| 22. Chest pain or rib soreness | Yes | No |
| 23. Shortness of breath | Yes | No |
| 24. Heart palpitations, pulse skips, heart block | Yes | No |
| 25. Joint pain or swelling | Yes | No |
| 26. Stiffness of the joints, neck, or back | Yes | No |
| 27. Muscle pain or cramps | Yes | No |
| 28. Twitching of the face or other muscles | Yes | No |
| 29. Headache | Yes | No |
| 30. Neck creaks and cracks, neck stiffness | Yes | No |
| 31. Tingling of the face or other muscles | Yes | No |
| 32. Facial paralysis, eyelid/facial twitching, Bell's palsy | Yes | No |
| 33. Eyes/Vision: double, blurry, pain, increased floaters | Yes | No |
| 34. Ears/Hearing: buzzing, ringing, ear pain | Yes | No |
| 35. Dizziness, poor balance, increased motion sickness | Yes | No |
| 36. Lightheadedness, wooziness, difficulty walking | Yes | No |
| 37. Tremors | Yes | No |

Lyme Disease Questionnaire

38. Confusion, difficulty in thinking	Yes	No
39. Difficulty with concentration or reading	Yes	No
40. Forgetfulness, poor short-term memory	Yes	No
41. Disorientation: getting lost, going to wrong places	Yes	No
42. Difficulty with speech	Yes	No
43. Mood swings, irritability, depression, personality changes	Yes	No
44. Disturbed sleep: too much, too little, early awakening	Yes	No
45. Exaggerated symptoms or worse hangover from alcohol	Yes	No
46. Any history of heart murmur or valve prolapse?	Yes	No
47. Difficulty swallowing	Yes	No
48. Swelling around the eyes	Yes	No
49. Sensitivity to light	Yes	No
50. Difficulty eating	Yes	No
51. Gastritis – Stomach problems	Yes	No
52. TMJ	Yes	No
53. Seizure activity	Yes	No
54. Have you experienced short-term memory loss?	Yes	No
55. Have you experienced bladder spasms?	Yes	No
56. Have you had problems with yeast or Candida?	Yes	No
57. Have you experienced difficulty (feel worse) at altitude? (flying or at a ski/mountain resort)?	Yes	No
58. Do you feel better at sea level or lower altitudes?	Yes	No
59. Are you “allergic” to antibiotics?	Yes	No
60. Have you had extremely disturbing nightmares?	Yes	No
61. Have you been diagnosed with chronic fatigue?	Yes	No
62. Have you been diagnosed with fibromyalgia?	Yes	No
63. Have you been diagnosed with Lupus?	Yes	No
64. Do you feel worse after experiencing a hot tub or sauna?	Yes	No
65. Have you ever felt a buzzing or resonating vibration inside your body?	Yes	No