## **SECTION 1: SYMPTOM FREQUENCY SCORE**

|    | 0 = None        | 1 = Mild           | 2 = Moderate           | 3 = Severe     |
|----|-----------------|--------------------|------------------------|----------------|
|    | Write in a 0,1, | 2 , or 3 on th     | e line to the right    | of the symptom |
| 1  | Unexplained     | fevers, sweats     | s, chills, or flushing |                |
| 2  | Unexplained     | weight change      | e; loss or gain        |                |
| 3  | Fatigue, tired  | ness               |                        |                |
| 4  | Unexplained     | hair loss          |                        |                |
| 5  | Swollen gland   | ds                 |                        |                |
| 6  | Sore throat     |                    |                        |                |
| 7  | Testicular or   | pelvic pain        |                        |                |
| 8  | Unexplained     | menstrual irre     | gularity               |                |
| 9  | Unexplained     | breast milk pro    | oduction; breast pair  | n              |
| 10 | Irritable bladd | ler or bladder     | dysfunction            |                |
| 11 | Sexual dysfur   | nction or loss o   | of libido              |                |
| 12 | Upset stomad    | ch                 |                        |                |
| 13 | Change in bo    | wel function (d    | constipation or diarrl | nea)           |
| 14 | Chest pain or   | rib soreness       |                        |                |
| 15 | Shortness of    | breath or coug     | <b>j</b> h             |                |
| 16 | Heart palpitat  | ions, pulse ski    | ips, heart block       |                |
| 17 | History of a h  | eart murmur o      | r valve prolapse       |                |
| 18 | Joint pain or   | swelling           |                        |                |
| 19 | Stiffness of th | e neck or bac      | k                      |                |
| 20 | Muscle pain of  | or cramps          |                        |                |
| 21 | Twitching of t  | he face or othe    | er muscles             |                |
| 22 | Headaches       |                    |                        |                |
| 23 | Neck cracks     | or neck stiffnes   | SS                     |                |
| 24 | Tingling, num   | bness, burning     | g, or stabbing sensa   | ations         |
| 25 | Facial paralys  | sis (Bell's pals   | y)                     |                |
| 26 | Eyes/vision: o  | double, blurry     |                        |                |
| 27 | Ears/hearing:   | buzzing, ringi     | ng, ear pain           |                |
| 28 | Increased mo    | tion sickness,     | vertigo                |                |
| 29 | Light-headed    | ness, poor bal     | ance, difficulty walk  | ing            |
| 30 | Tremors         |                    |                        |                |
| 31 | Confusion, di   | fficulty thinking  | 9                      |                |
| 32 | Difficulty with | concentration      | or reading             |                |
| 33 | Forgetfulness   | s, poor short-te   | erm memory             |                |
| 34 | Disorientation  | : getting lost;    | going to wrong plac    | es             |
| 35 | Difficulty with | speech or writ     | ting                   |                |
| 36 | Mood swings     | , irritability, de | pression               |                |
| 37 | Disturbed sle   | ep: too much,      | too little, early awak | kening         |
| 38 | Exaggerated     | symptoms or v      | worse hangover fror    | n alcohol      |

## **SECTION 2: MOST COMMON LYME SYMPTOMS SCORE**

If you rated a "3" in Section 1 for each of the following symptoms, give yourself 5 additional points:

Total Section 1 .....

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

Total Section 2 (enter either "5" or "0") ....

## **SECTION 3: LYME INCIDENCE SCORE**

Now apply the points for each of the following statements you can agree with:

| 4         |   |  |
|-----------|---|--|
| 1         | You have had a tick bite with no rash or flulike symptoms. <i>3 points</i>  |  |
| 2         | You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike symptoms. <i>5 points</i>  |  |
| 3         | You live in what is considered a Lyme-endemic area. 2 points  |  |
| 4         | You have a family member who has been diagnosed with Lyme and/or other tick-borne infections. <i>1 point</i>  |  |
| 5         | You experience migratory muscle pain. 4 points  |  |
| 6         | You experience migratory joint pain. <i>4 points</i>  |  |
| 7         | You experience tingling/burning/numbness that migrates and/or comes and goes. <i>4 points</i>   |  |
| 8         | You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia. <i>3 points</i>  |  |
| 9         | 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>  |  |
| 10        | You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). <b>5 points</b>   |  |
|           | Total - Section 3   |  |
|           | Total - Gection 5   |  |
|           | SECTION 4: OVERALL HEALTH SCORE   |  |
|           |   |  |
| 1         | Thinking about your overall physical health, for how many of the past thirty days was your physical health not good? days   |  |
| 1         | of the past thirty days was your physical health not good?  |  |
| 1         | of the past thirty days was your physical health not good?  days  Award yourself the following points based on the total number   |  |
| 1         | of the past thirty days was your physical health not good?  days  Award yourself the following points based on the total number of days:  |  |
| 1         | 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  |  |
| 1         | 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  |  |
| 2         | 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   |  |
|           | 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  Thinking about your overall mental health, for how many days during the past thirty days was your mental health   |  |
|           | 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  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 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  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:  |  |
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| 2<br>Reco | 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  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 |  |

disorder and should see a health-care provider for further evaluation.

If you scored between 21 and 45, you possibly have a tick-borne disorder and should see a health-care provider for further evaluation.

If you scored under 21, you are not likely to have a tick-borne disorder.

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