

Tigard Holistic Health Clinic

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Answer the following questions as honestly as possible. Think about how you have been feeling over the previous month and how often you have been bothered by any of the following problems. Score the occurrence of each symptom on the following scale: None, Mild, Moderate, Severe.

Section 1: SYMPTOM FREQUENCY SCORE

0-None 1-Mild 2-Moderate 3-Severe

1. Unexplained fevers, sweats, chills, or flushing 1.____
2. Unexplained weight change; loss or gain 2.____
3. Fatigue, tiredness 3.____
4. Unexplained hair loss 4.____
5. Swollen glands 5.____
6. Sore throat 6.____
7. Testicular or pelvic pain 7.____
8. Unexplained menstrual irregularity 8.____
9. Unexplained breast milk production; breast pain 9.____
10. Irritable bladder or bladder dysfunction 10.____
11. Sexual dysfunction or loss of libido 11.____
12. Upset stomach 12.____
13. Change in bowel function (constipation or diarrhea) 13.____
14. Chest pain or rib soreness 14.____
15. Shortness of breath or cough 15.____
16. Heart Palpitations, pulse skips, hear block 16.____
17. History of a heart murmur or valve prolapsed 17.____
18. Joint pain or swelling 18.____
19. Stiffness of the neck or back 19.____
20. Muscle pain or cramps 20.____
21. Twitching of the face or other muscles 21.____
22. Headaches 22.____
23. Neck cracks or neck stiffness 23.____
24. Tingling, numbness, burning or stabbing sensations 24.____
25. Facial paralysis (Bell's palsy) 25.____
26. Eyes/Vision: Double, blurry 26.____
27. Ears/hearing: buzzing, ringing, ear pain 27.____
28. Increased motion sickness, vertigo 28.____
29. Light-headedness, poor balance, difficulty walking 29.____
30. Tremors 30.____
31. Confusion, difficulty thinking 31.____
32. Difficulty with concentration or reading 32.____
33. Forgetfulness, poor short-term memory 33.____
34. Disorientation: Getting lost; going to wrong places 34.____
35. Difficulty with speech or writing 35.____
36. Mood swings, irritability, depression 36.____
37. Disturbed sleep: too much, too little, early awakening 37.____
38. Exaggerated symptoms or worse hangover from alcohol 38.____

Add up your totals from each of the four columns. This is your first score.

Score: _____

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Section 2: MOST COMMON LYME SYPTOMS SCORE

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

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

Score: _____

Section 3: LYME INCIDENCE SCORE

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

1. You have had a tick bite with no rash or flulike symptoms. *3 points*
2. You have had a tick bite, an erythema migrans, or an 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 who has been diagnosed with Lyme and/or other tick-borne infections. *1 points*
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 specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder. *3 points*
10. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). *5 points*

Score: _____

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
 0-5 days = 1 point 13-20 days = 3 points
 6-12 days = 2 points 21-30 days = 4 points
2. 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 13-20 days = 3 points
 6-12 days = 2 point 21- 30 days = 4 points

Score: _____

SCORING

Record your total scores for each section below and add them together to achieve your final score:

Section 1 Total: _____

Section 2 Total: _____

Section 3 Total: _____

Section 4 Total: _____

Final Score: _____

If you scored 46 or more, you have a high probability of a tick-borne 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.