

HMQ: Horowitz/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 (Bells 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
Lightheadedness, 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 Awake	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 4 column totals: _____. This is your first score.

Score from Page 1: _____

Section 2

Now, please check off each incident you can answer yes to with the following questions:

1. You have had a tick bite with no rash or flu-like symptoms. ____	3 points
2. You had a tick bite, an Erythema migrans or undefined rash, followed by flu-like 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 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 non specific autoimmune disorder (Lupus, MS, Rheumatoid Arthritis). ____	3 points
10. You have had a positive Lyme test (ELISA, Western Blot, PCR). ____	5 points

Please add your points from Section 2 _____ to your 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

Compare to the following cutoffs and add points for these 2 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 _____ = _____

Section 4		
Lastly, if on the first page you rated a '3' for ALL of the following:		
Fatigue		
Forgetfulness, poor short term memory		
Joint pain or Swelling		
Tingling, numbness, burning or stabbing sensations		
Disturbed sleep - Too Much, Too Little, Early Awake		
Please give yourself a 5 and add it to the final score after Section 3 = ____ (This is your FINAL SCORE)		
ONLY GIVE YOURSELF THESE 5 POINTS IF YOU RATED "3" for ALL OF THESE SYMPTOMS.		
FINAL SCORE: _____		
Now please take your final score and compare it 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:	

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

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