

Name \_\_\_\_\_

Date \_\_\_\_\_

**CHECK LIST OF CURRENT SYMPTOMS:** This is not meant to be used as a diagnostic scheme, but is provided to streamline the office interview. Note the format- complaints referable to specific organ systems and specific co-infections are clustered to clarify diagnoses and to better display multisystem involvement.

Have you had any of the following in relation to this illness? (CIRCLE "NO" OR "YES")

Tick bite N Y "EM" rash (discrete circle) N Y  
 Spotted rash over large area N Y Linear, red streaks N Y

| SYMPTOM OR SIGN   | CURRENT SEVERITY |      |          |        | CURRENT FREQUENCY |       |            |       |          |
|---|------------------|------|----------|--------|-------------------|-------|------------|-------|----------|
|   | NONE             | MILD | MODERATE | SEVERE | NA                | NEVER | OCCASIONAL | OFTEN | CONSTANT |
| Persistent swollen glands   |                  |      |          |        |                   |       |            |       |          |
| Sore throat   |                  |      |          |        |                   |       |            |       |          |
| Fevers  |                  |      |          |        |                   |       |            |       |          |
| Sore soles, esp. in the AM  |                  |      |          |        |                   |       |            |       |          |
| Joint pain  |                  |      |          |        |                   |       |            |       |          |
| Fingers, toes   |                  |      |          |        |                   |       |            |       |          |
| Ankles, wrists  |                  |      |          |        |                   |       |            |       |          |
| Knees, elbows   |                  |      |          |        |                   |       |            |       |          |
| Hips, shoulders   |                  |      |          |        |                   |       |            |       |          |
| Joint swelling  |                  |      |          |        |                   |       |            |       |          |
| Fingers, toes   |                  |      |          |        |                   |       |            |       |          |
| Ankles, wrists  |                  |      |          |        |                   |       |            |       |          |
| Knees, elbows   |                  |      |          |        |                   |       |            |       |          |
| Hips, shoulders   |                  |      |          |        |                   |       |            |       |          |
| Unexplained back pain   |                  |      |          |        |                   |       |            |       |          |
| Stiffness of the joints or back   |                  |      |          |        |                   |       |            |       |          |
| Muscle pain or cramps   |                  |      |          |        |                   |       |            |       |          |
| Obvious muscle weakness   |                  |      |          |        |                   |       |            |       |          |
| Twitching of the face or other muscles                                    |                  |      |          |        |                   |       |            |       |          |
| Confusion, difficulty thinking  |                  |      |          |        |                   |       |            |       |          |
| Difficulty with concentration, reading, problem absorbing new information |                  |      |          |        |                   |       |            |       |          |
| Word search, name block   |                  |      |          |        |                   |       |            |       |          |
| Forgetfulness, poor short term memory, poor attention                     |                  |      |          |        |                   |       |            |       |          |
| Disorientation: getting lost, going to wrong places                       |                  |      |          |        |                   |       |            |       |          |
| Speech errors- wrong word, misspeaking                                    |                  |      |          |        |                   |       |            |       |          |
| Mood swings, irritability, depression                                     |                  |      |          |        |                   |       |            |       |          |
| Anxiety, panic attacks  |                  |      |          |        |                   |       |            |       |          |
| Psychosis (hallucinations, delusions, paranoia, bipolar)                  |                  |      |          |        |                   |       |            |       |          |
| Tremor  |                  |      |          |        |                   |       |            |       |          |
| Seizures  |                  |      |          |        |                   |       |            |       |          |
| Headache  |                  |      |          |        |                   |       |            |       |          |
| Light sensitivity   |                  |      |          |        |                   |       |            |       |          |
| Sound sensitivity   |                  |      |          |        |                   |       |            |       |          |
| Vision: double, blurry, floaters  |                  |      |          |        |                   |       |            |       |          |
| Ear pain  |                  |      |          |        |                   |       |            |       |          |

| SYMPTOM OR SIGN   | CURRENT SEVERITY |      |          |        | CURRENT FREQUENCY |       |            |       |          |
|---|------------------|------|----------|--------|-------------------|-------|------------|-------|----------|
|   | NONE             | MILD | MODERATE | SEVERE | NA                | NEVER | OCCASIONAL | OFTEN | CONSTANT |
| Hearing: buzzing, ringing, decreased hearing  |                  |      |          |        |                   |       |            |       |          |
| Increased motion sickness, vertigo, spinning  |                  |      |          |        |                   |       |            |       |          |
| Off balance, "tippy" feeling  |                  |      |          |        |                   |       |            |       |          |
| Lightheadedness, wooziness, unavoidable need to sit or lie                                |                  |      |          |        |                   |       |            |       |          |
| Tingling, numbness, burning or stabbing sensations, shooting pains, skin hypersensitivity |                  |      |          |        |                   |       |            |       |          |
| Facial paralysis-Bell's Palsy   |                  |      |          |        |                   |       |            |       |          |
| Dental pain   |                  |      |          |        |                   |       |            |       |          |
| Neck creaks and cracks, stiffness, neck pain  |                  |      |          |        |                   |       |            |       |          |
| Fatigue, tired, poor stamina  |                  |      |          |        |                   |       |            |       |          |
| Insomnia, fractionated sleep, early awakening   |                  |      |          |        |                   |       |            |       |          |
| Excessive night time sleep  |                  |      |          |        |                   |       |            |       |          |
| Napping during the day  |                  |      |          |        |                   |       |            |       |          |
| Unexplained weight gain   |                  |      |          |        |                   |       |            |       |          |
| Unexplained weight loss   |                  |      |          |        |                   |       |            |       |          |
| Unexplained hair loss   |                  |      |          |        |                   |       |            |       |          |
| Pain in genital area  |                  |      |          |        |                   |       |            |       |          |
| Unexplained menstrual irregularity  |                  |      |          |        |                   |       |            |       |          |
| Unexplained milk production; breast pain  |                  |      |          |        |                   |       |            |       |          |
| Irritable bladder or bladder dysfunction  |                  |      |          |        |                   |       |            |       |          |
| Erectile dysfunction  |                  |      |          |        |                   |       |            |       |          |
| Loss of libido  |                  |      |          |        |                   |       |            |       |          |
| Queasy stomach or nausea  |                  |      |          |        |                   |       |            |       |          |
| Heartburn, stomach pain   |                  |      |          |        |                   |       |            |       |          |
| Constipation  |                  |      |          |        |                   |       |            |       |          |
| Diarrhea  |                  |      |          |        |                   |       |            |       |          |
| Low abdominal pain, cramps  |                  |      |          |        |                   |       |            |       |          |
| Heart murmur or valve prolapse?   |                  |      |          |        |                   |       |            |       |          |
| Heart palpitations or skips   |                  |      |          |        |                   |       |            |       |          |
| "Heart block" on EKG  |                  |      |          |        |                   |       |            |       |          |
| Chest wall pain or ribs sore  |                  |      |          |        |                   |       |            |       |          |
| Head congestion   |                  |      |          |        |                   |       |            |       |          |
| Breathlessness, "air hunger", unexplained chronic cough                                   |                  |      |          |        |                   |       |            |       |          |
| Night sweats  |                  |      |          |        |                   |       |            |       |          |
| Exaggerated symptoms or worse hangover from alcohol                                       |                  |      |          |        |                   |       |            |       |          |
| Symptom flares every 4 wks.   |                  |      |          |        |                   |       |            |       |          |
| Degree of disability  |                  |      |          |        |                   |       |            |       |          |