

## **PAUL FOLEY**

## **Nutrition & Functional Medicine Practitioner**

Specialist in the biological testing and support of Lyme & Chronic fatigue

### **Horowitz Lyme-MSIDSQuestionnaire**

The Horowitz Lyme-MSIDS 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.

# SECTION 1: SYMPTOM FREQUENCY SCORE

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

	1
Unexplained fevers, sweats, chills, or flushing	
2. Unexplained weight change; loss or gain	
3. Fatigue, tiredness	
4. Unexplained hair loss	
5. Swollen glands	
6. Sore throat	
7. Testicular or pelvic pain	
8. Unexplained menstrual irregularity	
9. Unexplained breast milk production; breastpain	
10. Irritable bladder or bladder dysfunction	
11. Sexual dysfunction or loss of libido	
12. Upset stomach	
13. Change in bowel function (constipation ordiarrhea)	
14. Chest pain or rib soreness	
15. Shortness of breath or cough	
16. Heart palpitations, pulse skips, heart block	
17. History of a heart murmur or valve prolapse	
18. Joint pain or swelling	
19. Stiffness of the neck or back	
20. Muscle pain or cramps	
21. Twitching of the face or other muscles	
22. Headaches	
23. Neck cracks or neck stiffness	

24. Tingling, numbness, burning, or stabbingsensations	
25. Facial paralysis (Bell's palsy)	
26. Eyes/vision: double, blurry	
27. Ears/hearing: buzzing, ringing, ear pain	
28. Increased motion sickness, vertigo	
29. Light-headedness, poor balance, difficulty walking	
30. Tremors	
31. Confusion, difficulty thinking	
32. Difficulty with concentration or reading	
33. Forgetfulness, poor short-term memory	
34. Disorientation: getting lost; going to wrongplaces	
35. Difficulty with speech or writing	
36. Mood swings, irritability, depression	
37. Disturbed sleep: too much, too little, early awakening	
38. Exaggerated symptoms or worse hangover from alcohol	
TOTAL Section 1	

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

If you rated a 3 for each of the following in section 1, give yourself 5 additional points:	
39. Fatigue	
40. Forgetfulness, poor short-term memory	
41. Joint pain or swelling	
42. Tingling, numbness, burning, or stabbing sensations	
43. Disturbed sleep: too much, too little, early awakening	
TOTAL Section 2	

# If true, transpose points here:

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

Now please circle the points for each of the following statements you can agree with:	
44. You have had a tick bite with no rash or flulike symptoms. 3 points	
45. You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike	
symptoms. 5 points	
46. You live in what is considered a Lyme-endemic area. 2 points	
47. You have a family member who has been diagnosed with Lyme and/or other tick-borne	
infections. 1 point	
48. You experience migratory muscle pain. <i>4 points</i>	
49. You experience migratory joint pain. <i>4points</i>	
50. You experience tingling/burning/numbness that migrates and/or comes and goes. 4 points	
51. You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia. 3 points	
52. You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid	
arthritis), or of a nonspecific autoimmune disorder. 3 points	
53. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). 5	
points	
TOTAL Section 3	

# Transpose the points from column A here:

# **SECTION 4: OVERALL HEALTH SCORE**

54. Thinking about your overall physical health, for how many of the past thirty days was your	
physical health not good?days	
Accorded to the Collection of the board of the batal countries of decree	
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	
55. 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	
TOTAL Section 4	
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## **SCORING:**

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

FINAL SCORE	
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Section 4total:	
Section 3total:	
Section 2total:	
Section 1Total:	

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

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.

### Interpreting the Results

We see a high frequency of Section 1 symptoms in our patients, including fatigue, joint and muscle pain that often migrates, sleep disorders, as well as memory and concentration problems, and a high frequency of Section 3 symptoms, especially neuropathic pain that comes and goes and migrates (tingling, numbness, burning, etc.). These form a cluster of presenting symptoms that are characteristic of those with a high probability of having Lyme-MSIDS (Multiple Systemic Infectious Disease Syndrome Information).

### **ACTION PLAN.**

You have completed step 1 in your journey to identify what is causing your health problems. It is a simple questionnaire but it is a hugely important step and is where all of our clients with complex health issues start.

The next stage is to fill out a co infections questionnaire. There are a host of bacteria and viruses that can cause many of the symptoms that you have ticked above. These need to be identified to help narrow down the list of what we need to include in a test profile.

#### **TESTING**

With all of the information, we can proceed to testing. We use the leading labs in the world to blood test the presence of Lyme and co Infections.

#### **ACCESS YOUR SPECIALIST**

To register as a client please get in touch with our clinic. Send an email of interest to <a href="Melissa@pfoleyclinic.com">Melissa@pfoleyclinic.com</a>
You can read more into testing and our services <a href="https://www.pfoleyclinic.com/copy-of-lab-tests">https://www.pfoleyclinic.com/copy-of-lab-tests</a>

We wish you well on your journey to regain your health, and always remember with the right mindset you can regain your health so never lose faith.