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*

	CURRENT SEVERITY				CURRENT FREQUENCY				
SYMPTOM OR SIGN	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									

Name: _____ Date:_____

	CURRENT SEVERITY				CURRENT FREQUENCY				
SYMPTOM OR SIGN	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									