

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### LYME DISEASE SYMPTOM checklist

The following checklist is intended to collect information that may be useful in the diagnosis and treatment of a person's behavior difficulties. Only a licensed physician can make a medical diagnosis. You are advised to contact your physician if you suspect that you or your child may have a medical condition, including Lyme disease.

---

**Do you recall having been bitten by a tick?** Yes No

If so, do you recall a rash at the site of the bite? Yes No

Do you recall having had a rash that looked like a "bull's eye" target? Yes No

#### Head, Face, Neck

Unexplained hair loss Yes No

*Headache (severe, unresponsive to over-the-counter medicine)* Yes No

Twitching of facial or other muscles Yes No

*Facial paralysis (Bell's palsy) on one or both sides of the face* Yes No

Jaw pain or stiffness Yes No

#### Eyes/Vision

Double or blurry vision Yes No

Increased floating spots Yes No

*Pain in eyes* or swelling around eyes Yes No

*Oversensitivity to light* Yes No

Flashing lights Yes No

#### Ears/Hearing

Decreased hearing in one or both ears Yes No

Buzzing, ringing or pain in ears Yes No

#### Musculoskeletal System

*Joint pain or swelling, especially in knees, wrists or ankles* Yes No

*Stiffness of joints, back or neck* Yes No

Muscle pain or cramps Yes No

*Chest pain or rib soreness* Yes No

*Backache (severe)* Yes No

*Weakness in arm(s) or leg(s)* Yes No

The following checklist is intended to collect information that may be useful in the diagnosis and treatment of a person's behavior difficulties. Only a licensed physician can make a medical diagnosis. You are advised to contact your physician if you suspect that you or your child may have a medical condition, including Lyme disease.

---

**Respiratory and Circulatory Systems**

Shortness of breath, cough (severe, persistent despite medication)	Yes	No
Night sweats or unexplained chills	Yes	No
<i>Heart palpitations or extra beats</i>	Yes	No

**Digestive and Excretory Systems**

Diarrhea	Yes	No
Constipation	Yes	No
Irritable bladder (trouble starting or stopping)	Yes	No
<i>Upset stomach (especially with pain)</i>	Yes	No
<i>Sore throat (unusually severe or prolonged)</i>	Yes	No

**Neurologic System**

Tremors or other unexplained shaking	Yes	No
Burning or stabbing sensations in the body	Yes	No
Feeling of pressure in head without an actual "headache"	Yes	No
<i>Numbness in body, tingling or pinpricks</i>	Yes	No
Poor balance, <i>dizziness</i> , difficulty walking	Yes	No
Increased motion sickness	Yes	No
Lightheadedness, wooziness, <i>sleepiness during the daytime</i>	Yes	No
<i>Letter or number reversals</i>	Yes	No

**Reproduction & Sexuality**

Loss of sex drive	Yes	No
Females: Unexplained menstrual pain or irregularity	Yes	No
Females: Unexplained breast pain, discharge	Yes	No
Males: Testicular or pelvic pain	Yes	No

**Mental Capability**

<i>Memory problems (short or long-term memory failures)</i>	Yes	No
Confusion, difficulty in thinking	Yes	No
<i>Difficulty with concentration or reading</i>	Yes	No
Going to the wrong place	Yes	No
Difficulty with speech (slurred, slow or stammering)	Yes	No
Forgetting how to perform simple tasks	Yes	No
If you're in school, has there been a decline in your performance?	Yes	No

The following checklist is intended to collect information that may be useful in the diagnosis and treatment of a person's behavior difficulties. Only a licensed physician can make a medical diagnosis. You are advised to contact your physician if you suspect that you or your child may have a medical condition, including Lyme disease.

**Psychological Well-being**

<i>Mood swings, irritability</i>	Yes	No
Unusual depression	Yes	No
Disorientation (getting or feeling lost)	Yes	No
Overemotional reactions, crying or angry very easily	Yes	No
Sleep disturbances (too much, too little, difficulty falling asleep)	Yes	No
Feeling as if you are losing your mind	Yes	No

**General Well-being, miscellaneous areas**

Have you had unexplained weight gain or loss?	Yes	No
Have you been experiencing extreme fatigue?	Yes	No
Do you have swollen glands?	Yes	No
Have you been having unexplained fevers (high or low grade)?	Yes	No
Do you get continual infections (sinus, kidney, eye, ear, etc.)?	Yes	No
Symptoms seem to change, come and go, but "always something"	Yes	No
Do you get pain that moves to different body parts?	Yes	No
Early on, did you have a "flu like" illness, and haven't felt well since?	Yes	No
Do you get rashes that disappear and return?	Yes	No
Have you seen deer coming onto your property?	Yes	No
If you are over 7 years old and, if ADD (or ADHD) has been diagnosed, <i>did the symptoms first appear after age 7?</i>	Yes	No

Symptoms appearing in this checklist in *italics* are considered to be especially significant by a pediatric neurologist who has treated numerous children and adolescents with Lyme disease.

**Other concerns:**

---



---



---



---



---



---



---

