Tick-Borne Disease Patient Symptom Checklist

Complete the checklist below based on your current symptoms. Bring the completed checklist to your next appointment for discussion with your physician.

History of tick bite? ○ Yes ○ No If so, when:

Symptoms	Severity	Frequency
Skin issues	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Spotted rash over large area ○ EM rash in a discrete circle ○ Linear red streaks	
Swollen glands	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
Sore throat	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
Fever	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
Joint pain	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Fingers/Toes ○ Ankles/Wrists ○ Knees/Elbows ○ Hips/Shoulders	
Joint swelling	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Fingers/Toes ○ Ankles/Wrists ○ Knees/Elbows ○ Hips/Shoulders	
Muscle complaints	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Pain ○ Cramps ○ Stiffness ○ Weakness ○ Twitching	
Cognitive difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Thinking ○ Concentrating ○ Forgetfulness ○Speech errors	
Mood difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Mood swings ○ Irritability ○ Depression ○ Anxiety ○ Panic Attacks	
Psychosis	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Hallucinations ○ Delusions ○ Paranoia ○ Bipolar	
Neurological issues	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Tremors ○ Seizures ○ Headaches ○ Dizziness ○ Off balance ○Light headed	
Eye/vision difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Sensitivity to light ○ Double vision ○ Blurry vision ○ Floaters	
Ear/hearing difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe ○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Sensitivity to sound ○ Ear pain ○ Buzzing ○ Ringing ○ Decreased hearing	

Over for more symptom

Tick-Borne Disease Patient Symptom Checklist

~ Continued ~

Symptoms	Severity	Frequency
Nerve issues	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Tingling ○ Numbness ○ Burning ○ Stabbing ○ Shooting pain	
Facial paralysis/Bells Palsy	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Dental pain	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Neck pain/stiffness	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Fatigue, poor stamina	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Sleep difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Insomnia ○ Broken sleep ○ Early waking ○ Excessive sleeping	
Unexplained weight gain or loss	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Unexplained hair loss	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Pain in genital area	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Menstrual irregularities	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Unusual milk production or breast pain	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Irritable bladder/dysfunction	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Erectile dysfunction or loss of sex drive	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Digestive difficulties	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Nausea ○ Heartburn ○ Stomach Pain ○ Constipation ○ Diarrhea ○ Cramping	
Cardiac Issues	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Heart murmur ○ Valve prolapse ○Palpitations or skips ○ “Heart Block” on EKG	
Chest issues	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
If yes, select all that apply:	○ Chest wall pain ○ Sore ribs ○ Breathlessnes ○ Chronic Cough	
Head congestion	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant
Night sweats	○ Yes ○ No	○ Mild ○ Moderate ○ Severe	○ Occasional ○ Often ○ Constant

Adapted from: Advanced Topics in Lyme Disease, Fifteenth Edition September, 2005. Diagnostic Hints and Treatment Guidelines For Lyme And Other Tick Borne Illnesses By Joseph J. Burrascano Jr., M.D. Copyright, September, 2005.