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Name: _____

Date: _____

Answer the following questions as honestly as possible. Think about how you have been feeling over the previous month and how often you have been bothered by any of the following problems. Score the occurrence of each symptom on the following scale: none, mild, moderate, severe.

Section 1: Symptom Frequency Score

0 None 1 Mild 2 Moderate 3 Severe

- | | |
|---|--|
| _____ 1. Unexplained fevers, sweats, chills, or flushing | _____ 23. Neck cracks or neck stiffness |
| _____ 2. Unexplained weight change: loss or gain | _____ 24. Tingling, numbness, burning, or stabbing sensations |
| _____ 3. Fatigue, tiredness | _____ 25. Facial paralysis (Bell's palsy) |
| _____ 4. Unexplained hair loss | _____ 26. Eyes/vision: double, blurry |
| _____ 5. Swollen glands | _____ 27. Ears/ hearing: buzzing, ringing, ear pain |
| _____ 6. Sore throat | _____ 28. Increased motion sickness, vertigo |
| _____ 7. Testicular or pelvic pain | _____ 29. Light-headedness, poor balance, difficulty walking |
| _____ 8. Unexplained menstrual irregularity | _____ 30. Tremors |
| _____ 9. Unexplained breast milk production; breast pain | _____ 31. Confusion, difficulty thinking |
| _____ 10. Irritable bladder or bladder dysfunction | _____ 32. Difficulty with concentration or reading |
| _____ 11. Sexual dysfunction or loss of libido | _____ 33. Forgetfulness, poor short term memory |
| _____ 12. Upset stomach | _____ 34. Disorientation: getting lost; going to wrong places |
| _____ 13. Altered bowel function (constipation or diarrhea) | _____ 35. Difficulty with speech or writing |
| _____ 14. Chest pain or rib soreness | _____ 36. Mood swings, irritably, depression |
| _____ 15. Shortness of breath or cough | _____ 37. Disturbed sleep: too much, too little, early awakening |
| _____ 16. Heart palpitations, pulse skips, heart blocks | _____ 38. Exaggerated symptoms or worse hangover from alcohol |
| _____ 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 | |

Add up your totals from each of the columns.
This is your first score.

Score: _____



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Section 2: Common Symptom Emphasis

If you rated a 3 for **all** of the following in section 1, give yourself 5 additional points:

- _____ Fatigue (#3)
- _____ Forgetfulness, poor short term memory (#33)
- _____ Joint pain or swelling (#18)
- _____ Tingling, numbness, burning, or stabbing sensations (#24)
- _____ Disturbed sleep: too much, too little, early awakening (#37)

Score: _____

Section 3: Lyme Incidence Score

Now please **circle the points** for each of the following statements you can agree with:

1. You have had a tick bite with no rash or flu-like symptoms. **3 points**
2. You have had a tick bite, an erythema migrans (a bull's-eye rash), or an unidentified rash, followed by flu-like symptoms. **5 points**
3. You live in what is considered a Lyme-endemic area. **2 points**
4. You have a family member or roommate (same household) who has been diagnosed with Lyme and/or other tick borne infections. **1 point**
5. You experience migratory muscle pain (moves around). **4 points**
6. You experience migratory joint pain (moves around). **4 points**
7. You experience tingling/ burning/ numbness that migrates and/or comes and goes. **4 points**
8. You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia. **3 points**
9. You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid arthritis), or of a nonspecific autoimmune disorder. **3 points**
10. You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or borrelia culture). **5 points**

Score: _____

Section 4: Physical Health Score

1. Thinking about your overall **physical** health, for how many of the past thirty days was your physical 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**

Score: _____



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Section 5: Mental Health Score

2. Thinking about your overall mental health, for how many days during the past thirty days was your mental health not good? _____ days

0-5 days = **1 point**
6-12 days = **2 points**
13-20 days = **3 points**
21-30 days = **4 points**

Score: _____

Calculating Your Total Score

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

Section 1 total: _____

Section 2 total: _____

Section 3 total: _____

Section 4 total: _____

Section 5 total: _____

Final Score: _____

- ☉ *If you scored **46 or more**, you have a high probability of a tick-borne disorder and should see a health-care provider for further evaluation and/or seek the support of a holistic wellness professional.*
- ☉ *If you scored between **21-45**, you possibly have a tick-borne disorder and should see a health-care provider for further evaluation and/or seek the support of a holistic wellness professional.*
- ☉ *If you scored **under 21**, you are not likely to have a tick-borne disorder.*

For information on consultations with our office, please visit www.NaturallyUnbridled.com or call our office at 608-799-8326. We work with clients locally and globally.