

Dr. Steven J. Bock

Alpha-Interferon in Lyme Disease Initial Evaluation Questionnaire

As part of your current illness, have you had,

- |                             |     |    |
|-----------------------------|-----|----|
| a) Tick Bite                | Yes | No |
| b) Rash at bite site        | Yes | No |
| c) Rashes at other site     | Yes | No |
| d) Positive Lyme Titer      | Yes | No |
| e) Positive Lyme Immunoblot | Yes | No |

Please rate the following from 0 (zero) to 5 (five), with 0 being absence of symptoms and 5 being most severe symptoms.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Fatigue, tiredness   | 1 | 2 | 3 | 4 | 5 |
| 2. Joint pain   | 1 | 2 | 3 | 4 | 5 |
| 3. Joint swelling   | 1 | 2 | 3 | 4 | 5 |
| 4. Joint stiffness  | 1 | 2 | 3 | 4 | 5 |
| 5. Muscle pain  | 1 | 2 | 3 | 4 | 5 |
| 6. Headache   | 1 | 2 | 3 | 4 | 5 |
| 7. Neck pain  | 1 | 2 | 3 | 4 | 5 |
| 8. Back pain  | 1 | 2 | 3 | 4 | 5 |
| 9. Tingling, numbness, burning<br>or stabbing sensations      | 1 | 2 | 3 | 4 | 5 |
| 10. Twitching of the face or<br>other muscles                 | 1 | 2 | 3 | 4 | 5 |
| 11. Facial paralysis (Bell's Palsy)                           | 1 | 2 | 3 | 4 | 5 |
| 12. Dizziness   | 1 | 2 | 3 | 4 | 5 |
| 13. Increased motion sickness                                 | 1 | 2 | 3 | 4 | 5 |
| 14. Problems with balance                                     | 1 | 2 | 3 | 4 | 5 |
| 15. Lightheadedness, wooziness                                | 1 | 2 | 3 | 4 | 5 |
| 16. Tremor  | 1 | 2 | 3 | 4 | 5 |
| 17. Visual problems: blurring or<br>double vision, eye pain   | 1 | 2 | 3 | 4 | 5 |
| 18. Hearing problems: buzzing,<br>ringing, ear pain           | 1 | 2 | 3 | 4 | 5 |
| 19. Confusion, difficulty thinking                            | 1 | 2 | 3 | 4 | 5 |
| 20. Difficulty with concentration<br>or reading               | 1 | 2 | 3 | 4 | 5 |
| 21. Decreased short term memory                               | 1 | 2 | 3 | 4 | 5 |
| 22. Disorientation: getting lost,<br>going to the wrong place | 1 | 2 | 3 | 4 | 5 |
| 23. Difficulty with speech                                    | 1 | 2 | 3 | 4 | 5 |
| 24. Mood swings, irritability,<br>anxiety, depression         | 1 | 2 | 3 | 4 | 5 |

25. Sleep disturbance: too much, too little, early awakening	1	2	3	4	5
26. Chest Pain	1	2	3	4	5
27. Heart palpitations	1	2	3	4	5
28. Shortness of breath, cough	1	2	3	4	5
29. Fever, chills, sweats	1	2	3	4	5
30. Unintentional weight change: loss or gain	1	2	3	4	5
31. Swollen glands	1	2	3	4	5
32. Sore throat	1	2	3	4	5
33. Change in bowel function (constipation, diarrhea)	1	2	3	4	5
34. Irritable bladder or bladder dysfunction	1	2	3	4	5
35. Upset stomach, nausea	1	2	3	4	5
36. Sexual dysfunction or loss of libido	1	2	3	4	5

Circle your overall feeling of well being:

POOR      FAIR      GOOD      EXCELLENT

Have you taken antibiotics?                      Yes                      No

Oral?    Yes                      No

Approximately how long? \_\_\_\_\_

Intravenous?    Yes                      No

Approximately how long? \_\_\_\_\_

When did you last take antibiotics? \_\_\_\_\_

Are you on antibiotics presently?                      Yes                      No