

Modern Health

Lyme Disease Questionnaire

(Please fill form and bring to your appointment)



Full Name

Date of birth

Sex

Patient Ref

F

M

For each of the symptoms on the left, please tick one box on each row to describe how you feel currently compared to your last appointment

SYMPTOMS

	Never had	Much worse	A little worse	No change	A little better	Much better	Resolved
Fevers							
Sweats							
Chills							
Flushing							
Fatigue / tiredness / poor stamina							
Unexplained hair loss							
Swollen glands							
Sore throat							
Testicular pain							
Pelvic pain							
Unexplained menstrual irregularity							
Breast pain							
Bladder irritability / dysfunction							
Sexual dysfunction / loss of libido							
Nausea							
Constipation							
Diarrhoea							
Chest pain							
Rib soreness							
Shortness of breath							
Cough							
Heart palpitations / pulse skips							
Neck stiffness / back stiffness							
Neck cracks							
Neck pain							
Joint stiffness							

continued over
Lyme Disease Questionnaire

SYMPTOMS

	Never had	Much worse	A little worse	No change	A little better	Much better	Resolved
Joint swelling							
Joint pain							
Muscle pain							
Muscle cramps							
Twitching of muscles							
Headache							
Numbness / tingling							
Facial paralysis							
Blurry vision							
Floaters							
Light sensitivity							
Ear buzzing / ringing							
Ear pain							
Sound sensitivity							
Poor balance							
Light headaches / wooziness							
Tremor							
Confusion							
Difficulty in thinking							
Forgetfulness							
Poor short term memory							
Difficulty with speech							
Word finding problems							
Reversing numbers / letters							
Difficulty with writing							
Mood swings							
Depression / anxiety							
Disturbed sleep (too much / little)							
Disorientation / getting lost / going to wrong places							

continued over
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Please tick the appropriate boxes below

Diarrhoea

Yes

No

Yeast

Yes

No

Worst symptoms:

For Healthcare Professional Only (do NOT fill)

Date

Lyme Disease Questionnaire