CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

MULTI-SYSTEMIC INFECTIOUS DISEASE SYNDROME SYMPTOM QUESTIONNAIRE

SECTION 1: SYMPTOM FREQUENCY SCORE

Select the frequency of each of the following symptoms.
0 = None 1 = Mild 2 = Moderate 3 = Severe

1. ____Unexplained fever, sweats, chills, or flushing
2. ____Unexplained weight change; loss or gain
3. ____Fatigue, tiredness
4. ____Unexplained hair loss
5. ____Swollen glands
6. ____Sore throat
7. ____Testicular or pelvic pain
8. ____Unexplained menstrual irregularity
9. ____Unexplained breast milk production; breast pain
10. ___Irritable bladder or bladder dysfunction
11. ___Sexual dysfunction or loss of libido
12. ___Upset stomach
13. ___Change in bowel function (constipation or diarrhea)
14. ___Chest pain or rib soreness
15. ___Shortness of breath or cough
16. ___Heart palpitations, pulse skips, heart block
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
23. ___Neck cracks or stiffness
24. ___Tingling, numbness, burning, or stabbing sensations
25. ___Facial paralysis (Bell's palsy)
26. ___Eye/vision: double, blurry
27. ___Ears/hearing: buzzing, ringing, ear pain
28. ___Increased motion sickness, vertigo
29. ___Light-headedness, poor balance, difficulty walking
30. ___Tremors
31. ___Confusion, difficulty thinking
32. ___Difficulty with concentration or reading
33. ___Forgetfulness, poor short-term memory
34. ___Disorientation: getting lost; going to wrong places

CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

35. ___Difficulty with speech or writing
36. ___Mood swings, irritability, depression
37. ___Disturbed sleep: too much, too little, early awakening
38. ___Exaggerated symptoms of worse hangover from alcohol

TOTAL SCORE FOR THIS SECTION: _____

SECTION 2: MOST COMMON LYME SYMPTOMS SCORE

If you rated a 3 for each of the following symptoms in section 1, give yourself 5 points for each of these symptoms. Circle 0 if you didn't rate a 3.

39.	0 or	5	Fatigue
40.	0 or	5	Forgetfulness, poor short-term memory
41.	0 or	5	Joint pain or swelling
42.	0 or	5	Tingling, numbness, burning, or stabbing sensations
43.	0 or	5	Disturbed sleep: too much, too little, early awakening

TOTAL SCORE FOR THIS SECTION: _____

SECTION 3: LYME INCIDENCE SCORE

Now for each of the following statements that is true, circle 3

44.	0 or	3	You have had a tick bite with no rash or flulike symptoms.
45.	0 or	3	You have had a tick bite, an erythema migrans, or an undefined rash, followed by flulike symptoms.
46.	0 or	3	You live in what is considered a Lyme-endemic area.
47.	0 or	3	You have a family member who has been diagnosed with Lyme and/or other tick-borne infections.
48.	0 or	5	You experience migratory muscle pain.
49.	0 or	5	You experience migratory joint pain.
50.	0 or	5	You experience tingling/burning/numbness that migrates and/or comes and goes.
51.	0 or	5	You have received a prior diagnosis of chronic fatigue syndrome or fibromyalgia.
52.	0 or	5	You have received a prior diagnosis of a specific autoimmune disorder (lupus, MS, or rheumatoid arthritis) or of a nonspecific autoimmune disorder.
53.	0 or	5	You have had a positive Lyme test (IFA, ELISA, Western blot, PCR, and/or Borrelia culture).

TOTAL SCORE FOR THIS SECTION: _____

CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

SECTION 4: OVERALL HEALTH SCORE

54. Thinking about your overall physical health, for how many of the past 30 days was your physical health not good? Award yourself the following points based on the total number of days.

0 to 5 days - 1
6 to 12 days - 2
13-20 days - 3
21 to 30 days - 4

55. Thinking about your overall mental health, for how many of the past 30 days was your mental health not good? Award yourself the following points based on the total number of days.

0 to 5 days - 1
6 to 12 days - 2
13-20 days - 3
21 to 30 days - 4

TOTAL SCORE FOR THIS SECTION: _____

TOTALS:

- Section 1: _____
- Section 2: _____
- Section 3: _____
- Section 4: _____

FINAL TOTAL SCORE: _____

INTERPRETATION:

If you scored under 21, you are not likely to have a tick-borne disorder.

If you scored between 21 and 45, you possibly have a tick-borne disorder

If you scored 46 or more, you have a high probability of a tick-borne disorder

CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

MULTI-CHRONIC INFECTIOUS DISEASE SYNDROME
POTENTIAL PATIENT QUESTIONAIRE

Name: _____ Date: _____ Age: _____

1. Where do you live? City:_____ State:_____
2. How long have you been sick?(check) <1 yr 1-2 yrs 3-5 yrs 6-10 yrs >10 yrs (__)
   a. Have you been continuously ill (_____) or have had periods of recovery and relapse? (____) (check whichever applies)
   b. Rate your overall health status including level of pain, fatigue, neurologic or other symptoms by circling the number that applies:
   (severely ill) 1 2 3 4 5 6 7 8 9 10 (healthy)
3. What is your status (check one)
   a. ____ Working full time at an office
   b. ____ Working part time at an office
   c. ____ Working full time at home
   d. ____ Working part time at home
   e. ____ Not working due to health problems
   f. ____ Not working for other reasons
   g. ____ Have you been declared disabled and are receiving any disability services (insurance, financial support, etc.)
4. What infections have you been either diagnosed with or are suspected based on clinical symptoms? Check all that apply:
   a. _____ Borrelia (Lyme Disease)
   b. _____ Bartonella
   c. _____ Babesia - any specific species? _____
   d. _____ Other bacteria? _____
   e. _____ Mycoplasma
   f. _____ Viruses - any specific species? _____
   g. _____ Parasites - any specific species? _____
   h. _____ Fungi and Yeast (Candida and other species)
   i. _____ Other _____

CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

5. Have you ever been on any antibiotics? Check which applies:
    a. ____ Currently taking antibiotics for the first time (check one below)
        i. _____ Taking only oral antibiotics
        ii. _____ Taking IV and oral antibiotics
    b. ____ Have taken antibiotics in the past and am not on them now
    c. ____ Have taken antibiotics, stopped for a while, then resumed and am on them now
    d. What is the total time you have been on antibiotics? _____
    e. Did you receive any IV antibiotics? Yes No
    f. If so, how long? _____
    g. Did you feel you got any benefit from taking antibiotics? Circle the number that applies:
    (no benefit) 1 2 3 4 5 6 7 8 9 10 (great benefit)
6. Have you ever used any non-antibiotic/alternative therapies to treat your condition? Yes No
    a. If so, what have you used? (check all that apply)
        i. _____ Herbals
        ii. _____ Homeopathic
        iii. _____ Detoxification Therapies (colon therapy, chelation, glutathione, fasting)
        iv. _____ Hyperbaric Oxygen
        v. _____ High Dose IV Vitamin C
        vi. _____ Other:_____
    b. Do you feel that any of these therapies were helping? Circle the number that applies:
    (no benefit) 1 2 3 4 5 6 7 8 9 10 (great benefit)
7. Are you on any pain medications? Yes No
    a. If so, which ones?
        i. _____
        ii. _____
        iii. _____
        iv. _____
    b. How long have you been on pain medications? _____
8. Have you ever had any lab tests that have shown any liver problems (elevated liver enzymes) Yes No
    a. If so, how long did this last? _____
    b. Did it resolve? Yes No When if it has? _____

CAROLINACENTER
FOR INTEGRATIVE MEDICINE

John C. Pittman, M.D.
Medical Director

4505 Fair Meadow Lane
Suite 111
Raleigh, NC 27607

www.carolinacenter.com
Phone: 919.571.4391 ▪ Toll Free: 800.473.9812
Fax: 919.571.8968

5725 Oleander Drive
Suite B-6
Wilmington, NC 28403

9. Check any secondary problems that you are experiencing beyond the typical tick-borne infection symptoms:
    a. _____ Women's hormonal issues (PMS, cramping, exaggerated peri-menopausal sx)
    b. _____ Neuropathy (numbness and tingling in your extremities)
    c. _____ Digestive problems – indigestion, heartburn, gas, bloating, abnormal BM's, etc.
    d. _____ Changes in vision or hearing
    e. _____ Yeast overgrowth (rectal itching, carbo craving, nail fungus, jock itch, discharge)
10. Check whichever applies regarding dental amalgam fillings:
    a. _____ I have never had any amalgam fillings.
    b. _____ I currently have amalgam fillings. Number:_____
    c. _____ I used to have amalgam fillings and have had them replaced with non-toxic materials or crowns.
        i. If you have had your amalgams replaced, check the type of dentist who did it:
            1. _____ A Biological Dentist who uses protective equipment to prevent mercury from entering the body during the procedure.
                a. Did you find this dentist through the IAOMT (International Association of Oral Medicine and Toxicology) Yes No
            2. _____ My family dentist who did not use any protective equipment that I was aware of.
        ii. Did you experience any adverse effects from the removal of your amalgam fillings? (circle) Yes No
            1. If so, describe:_____