



## Questionnaire on Tick-Born Disease

Both authors of this document have suffered from tick-born diseases in the last few years, as have many of our neighbors. We decided to gather information with the plan to write an article on the subject for an upcoming issue of **10964**.

Please fill out a separate questionnaire for each incidence of Lyme disease and send to Carol Baxter at PO Box 76 or to Alice Gerard at PO Box 225 **by October 31**. Additional surveys can be downloaded from our website@ [www.palisadesny.com](http://www.palisadesny.com). Thank you.

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- \* I had Lyme disease. Y N Month and Year \_\_\_\_\_
  - \* I had a co-infection: Ehrlichiosis Babesiosis (circle one)
  - \* Other members of my household have had a tick-born disease. Y N  
Identify: partner mother father son daughter dog cat (circle)
  
  - \* I saw the tick. Y N
  - \* I found the tick on (part of body) \_\_\_\_\_
  - \* I think was bitten from (where?) \_\_\_\_\_
  - \* It looked like: a tick a poppy seed (circle)

### SYMPTOMS

I had these symptoms: (Number them in the order in which they appeared)

- \_\_\_ Fever How high did the fever go? \_\_\_\_\_
- \_\_\_ Rash: Bullseye or migrating (circle one)
- \_\_\_ Fatigue: lethargy or severe fatigue (circle one)
- \_\_\_ Chills
- \_\_\_ Night sweats
- \_\_\_ Nausea
- \_\_\_ Headache: mild or severe (circle one)
- \_\_\_ Neckache: Stiff neck or severe neckache (circle one)
- \_\_\_ Shoulder pain
- \_\_\_ Muscle aches
- \_\_\_ Joints: swollen joints or joint pain (circle one)
- \_\_\_ Disorientation, trouble focusing
- \_\_\_ Depression



- \* From the time you were bitten, how long was it until these symptoms appeared?  
\_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ I don't know

- \* At onset of symptoms, did you think you had Lyme disease? Y N
- \* If not, how long did you wait until you pursued medical care? \_\_\_\_\_
- \* I went to or called the doctor the day I saw the tick. Y N
- \* I went to or called the doctor after I had symptoms. Y N

### DIAGNOSIS

- \* What medical care did you first seek?  
\_\_\_ Primary care \_\_\_ Infectious Disease \_\_\_ Specialist: What kind \_\_\_\_\_  
\_\_\_ Lyme Literate Doctor \_\_\_ Urgent Care: Which one? \_\_\_\_\_  
\_\_\_ Emergency Room: Which one? \_\_\_\_\_
  
- \* The doctor treated me based on my symptoms. Y N

- \* The doctor would not treat me until the blood work was positive. Y N
- \* I was eventually treated by this doctor. Y N
- \* This doctor wouldn't treat me, so I went to or called another doctor. Y N What kind? \_\_\_\_\_

**TESTING:**

- \* Was the initial blood work positive for Lyme Disease or co-infections? Y N
- \* If at first negative, were subsequent blood tests taken? Y N
- \* Were they positive? Y N
- \* How many weeks from onset of symptoms, did the blood test come back positive? \_\_\_\_\_
- \* I had the following tests: Do you know the lab? \_\_\_\_\_
  - \_\_\_\_\_ Western Blot- Positive? Y N
  - \_\_\_\_\_ ELISA- Positive? Y N
  - \_\_\_\_\_ Spinal Tap- Positive? Y N
  - \_\_\_\_\_ I don't know what tests I had but they were:    positive                    negative (circle one)
- \* Were you told that your tests were negative for an active infection but positive for an old infection? Y N

**TREATMENT:**

- \* What was your treatment?
  - \_\_\_\_\_ Oral: Doxycycline 100mg 2xday How many weeks? 1 2 3 4 5 6 7 8
  - \_\_\_\_\_ Oral: Ceftin Dosage and how long? \_\_\_\_\_
  - \_\_\_\_\_ Oral: other antibiotic? \_\_\_\_\_
  - \_\_\_\_\_ IV: Rocephin Dosage and how long? \_\_\_\_\_
  - \_\_\_\_\_ Homeopathic or alternative medicine. What was your treatment? \_\_\_\_\_
- \* After your meds, how did you feel?
  - \_\_\_\_\_ Symptoms were gone.
  - \_\_\_\_\_ Some symptoms remained. Which ones? \_\_\_\_\_
  - \_\_\_\_\_ Some symptoms got worse. Which ones? \_\_\_\_\_
- \* Did you have additional rounds of medicine? Y N If so, what? \_\_\_\_\_
- \* Do you now feel fully recovered? Y N
- \* If so, how long after treatment did it take to feel recovered? \_\_\_\_\_
- \* What was/were your lingering symptoms? \_\_\_\_\_
- \* Were you satisfied with your medical treatment? Y N

**MISC:**

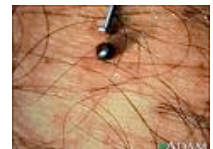
- \* Did you call your doctor immediately when finding the tick and did he/she give you a dose of doxycycline prophylactically Y N
- \* Did you have symptoms after this dose? Y N
- \* Did you save the tick and send it to an independent lab for testing? Was it positive or negative for a tick-born infection?
- \* Anything additional to add? (Please attach additional paper if necessary)

Thank you!

Signature (optional): \_\_\_\_\_



Poppy seed sized tick



Engorged deer tick