

Lyme Symptom Study

Thank you for participating in this Lyme Symptom Study. Your participation is of great assistance and will contribute to earlier diagnosis and new treatments for Lyme.

Privacy & Confidentiality

The security of your confidential information is of utmost importance to me. Your information will be used for study purposes only & in the following ways.

1. To verify that you are a valid participant. Your full name and contact information is internal proof to my superiors that your survey is not falsified.
2. To verify portions of your survey if there are questions about your intended response.
3. To make study participation payments.
4. Gain access to your free study participation consultation.
5. To update you when study results are available.
6. To inform you of future studies that may be of interest to you.

Your information will never be sold or used in any way other than outlined above by Dr. Kassner, NMD; Health Natura, LLC; or Hei Long Jiang University of TCM.

Instructions

Patient Portion:

This survey should take no more than 20-30 minutes to complete.

If you become fatigued or overwhelmed, take a break and return later.

Only mark active symptoms you have experienced in recent memory.

Do not over think each question. Your first response is the most accurate.

Only mark or rate symptoms that apply to you.

To save and send this form digitally you will need to download free PDF fill in software at www.nitroreader.com

Practitioner Portion:

Take form #2 to a practitioner trained in Chinese Pulse and Tongue Diagnosis and have them record your pulse and tongue findings. Practitioners that may be trained in this method include: Acupuncturists, Herbalists, Naturopaths, and Integrative Physicians. Please inquire prior to an appointment if they are trained in this method.

Reimbursement & Benefits

This study reimburses \$65 and provides a free 30 minute consultation with Dr. Kassner per individual participant.

To qualify you must:

1. Submit completed forms 1 & 2.
2. Submit your forms prior to the study closing.

The study will close to new participants ON or BEFORE April 30th, 2011.

The study will close EARLY when it reaches its participant target numbers.

Notification of early closing will be posted on FaceBook “Life After Lyme” and on our website at www.healthnatura.com/lymestudy.html

Please post questions to our FaceBook page “Life After Lyme”

Sincerely,

Dr. Peter C Kassner, NMD

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
1	Last Name:		To save and send this form digitally you will need to download free PDF fill in software at www.nitroreader.com
2	First Name:		Please return this form along with your completed Documentation Form #2 to Dr. Kassner
3	Date of Birth (MM/DD/YYYY)		Fax: 866-628-4621 Email: info@healthnatura.com Address: 1130 University Blvd Ste B9 #310, Tuscaloosa AL 35401
4	Mailing Address:	Street	City State Zip
5	Email Address:		Note: Personal and contact information is confidential & will be used for follow up purposes only. Please see www.healthnatura.com/lymestudy.html for our privacy policy
6	Mark ONLY symptoms that apply to you . If applicable check any of the descriptions that apply. RATE each symptom that applies 1-5. 1 meaning Mild, 5 meaning Severe.		
7	Pain	Intensity 1-5	Select the One best description
8	How would you generally describe your overall pain?		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
9	Pain Better By: Check Any That makes your pain feel Better		<input type="checkbox"/> Pressure, <input type="checkbox"/> Warmth, <input type="checkbox"/> Cold, <input type="checkbox"/> Movement, <input type="checkbox"/> Rest, <input type="checkbox"/> Exercise, <input type="checkbox"/> Bowel movement, <input type="checkbox"/> Eating
10	Pain Worse By: Check Any That makes your pain feel Worse		<input type="checkbox"/> Pressure, <input type="checkbox"/> Warmth, <input type="checkbox"/> Cold, <input type="checkbox"/> Movement, <input type="checkbox"/> Rest, <input type="checkbox"/> Exercise, <input type="checkbox"/> Bowel movement, <input type="checkbox"/> Eating
11	Upper Neck		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
12	Lower Neck		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
13	Upper Back		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
14	Mid Back		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
15	Low Back		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
16	Arms		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
17	Hands		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
18	Hips		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
19	Legs		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
20	Feet		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
21	Chest		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
22	Upper Abdomen		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
23	Lower Abdomen		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
24	Food, Taste & Digestion – Please rate each symptom that applies 1-5		
25	Loose Stools		
26	Abdominal Bloating/distention		
27	Belching		
28	Hiccup		
29	Nausea		
30	Vomiting		
31	Stabbing Pain in Stomach		
32	Vomiting blood		
33	Heavy feeling in stomach		
34	Tight feeling in stomach (oppression)		
35	Sour Stomach/sour regurgitation		
36	Feeling as if a lump in chest or stomach (stuffiness)		
37	Food allergies w/ Skin reaction		
38	Food Allergies w/ Fatigue		
39	Feeling of fullness		
40	Better drinking warm liquids		
41	Worse drinking warm liquids		
42	Better drinking cold liquids		
43	Worse drinking cold liquids		
44	Excessive Hunger		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
45	Aversion to food		
46	Hungry but no desire to eat		
47	Bitter taste – Constant		
48	Bitter taste – Morning		
49	Sweet taste		
50	Sour taste		
51	Salty taste		
52	Pungent taste		
53	Sticky/metallic taste		
54	Loss of sense of taste		
55	Stools	Intensity 1-5	
56	1-2 times per day		
57	3 times or more		
58	Less than once daily		
59	Small size		
60	Pill like		
61	Loose		
62	Watery		
63	Dry		
64	Sticky		
65	Foul smell		
66	Mucus		
67	Red blood		
68	Dark blood (like coffee grinds)		
69	Undigested food		
70	Color light brown		
71	Color yellow		
72	Color almost white		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
73	GI gas noisy		
74	GI gas foul smell		
75	Cramping		
76	Abdominal Pain before, better with movement		
77	Abdominal Pain not better with movement		
78	Pain during movement		
79	Pain after movement		
80	Urine	Intensity 1-5	
81	Urine retention		
82	Frequent urination		
83	Frequent urination at night		
84	Incontinence		
85	Difficulty starting		
86	Urine flow stops/starts		
87	Scanty/small volume		
88	Excessive volume		
89	Pain before urination		
90	Burning urination		
91	Ache after urination		
92	Mucus in urine		
93	Cloudy color		
94	Pale color		
95	Dark color		
96	Red color		
97	Strong odor		
98	Sweet odor		
99	Thirst and Drink	Intensity 1-5	
100	Intense desire to drink		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
101	Desire to drink in small sips		
102	Thirst without desire to drink		
103	Thirst, but drinking causes vomiting		
104	Absence of thirst or rarely thirsty		
105	Dry mouth		
106	Prefer cold drinks		
107	Prefer hot drinks		
108	Energy Levels	Intensity 1-5	
109	Tiredness w/ desire to lie down		
110	Tiredness w/ weak voice or tendency to catch colds		
111	Tiredness w/ backache, mental or physical weakness, & depression		
112	Tiredness w/ slight depression & dizziness		
113	Tiredness w/ anxiety & insomnia		
114	Tiredness w/ anxiety & Tenseness		
115	Tiredness w/ feeling of oppression in chest		
116	Tiredness w/ feeling of heaviness		
117	Excessive energy		
118	Head	Intensity 1-5	
119	Headache: occipital		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
120	Headache: top		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
121	Headache: frontal		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
122	Headache: temples		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
123	Headache: behind eyes		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling
124	Headache: whole head		<input type="checkbox"/> Onset gradual, <input type="checkbox"/> Onset sudden, <input type="checkbox"/> Wandering from place to place, <input type="checkbox"/> Lingering, <input type="checkbox"/> Dull, <input type="checkbox"/> Ache, <input type="checkbox"/> Sore, <input type="checkbox"/> Heavy, <input type="checkbox"/> Full, <input type="checkbox"/> Empty, <input type="checkbox"/> Cold, <input type="checkbox"/> Burning, <input type="checkbox"/> Spastic, <input type="checkbox"/> Sharp, <input type="checkbox"/> Throbbing, <input type="checkbox"/> Pushing, <input type="checkbox"/> Pulling, <input type="checkbox"/> Boring, <input type="checkbox"/> Distressed feeling

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
125	Better By: Check Any That makes your pain feel Better		<input type="checkbox"/> Pressure, <input type="checkbox"/> Warmth, <input type="checkbox"/> Cold, <input type="checkbox"/> Movement, <input type="checkbox"/> Rest, <input type="checkbox"/> Exercise, <input type="checkbox"/> Bowel movement, <input type="checkbox"/> Eating
126	Worse By: Check Any That makes your pain feel Worse		<input type="checkbox"/> Pressure, <input type="checkbox"/> Warmth, <input type="checkbox"/> Cold, <input type="checkbox"/> Movement, <input type="checkbox"/> Rest, <input type="checkbox"/> Exercise, <input type="checkbox"/> Bowel movement, <input type="checkbox"/> Eating
127	Dizziness		
128	Fainting		
129	Pressure in head		
130	Heaviness of head		
131	Fuzzy thinking (fog)		
132	Difficulty thinking		
133	Noise in ears (tinnitus)		
134	Noise in head		
135	Feeling of cold in head		
136	Feeling of heat in head		
137	Numbness or tingling of the head		
138	Itchy scalp		
139	Face	Intensity 1-5	
140	Feeling of heat in the face		
141	Feeling of cold on the face		
142	Numbness/tingling in the face		
143	Blocked nose		
144	Itchy nose		
145	Sneezing		
146	Runny nose- thick sticky discharge		
147	Runny nose- watery discharge		
148	Runny nose-yellow discharge		
149	Nose ache		
150	Loss of sense of smell		
151	Nose pain		
152	Dry nostrils		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
153	Nose bleeds		
154	Toothache		
155	Inflamed gums		
156	Bleeding gums		
157	Receding gums		
158	Mouth ulcers		
159	Cold sores		
160	Itchy tongue		
161	Tongue numbness		
162	Tongue pain		
163	Throat & Neck	Intensity 1-5	
164	Sore throat		
165	Dry throat		
166	Itchy throat		
167	Throat swelling		
168	Horse voice		
169	Swollen/red tonsils		
170	Feeling of obstruction		
171	Thyroid Goiter		
172	Hypothyroid		
173	Daytime Temp. below 98.6 F		
174	Stiff neck		
175	Body		
176	Aches in the whole body		
177	Aches in muscles esp. limbs		
178	Pain in arms & shoulders only when walking		
179	Pain in joints: fixed		
180	Pain wandering from joint to joint		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
181	Joint swelling/redness		
182	Heavy feeling in painful joints		
183	Chronic joint pain, swelling & redness		
184	Severe stabbing joint pain w/ rigidity		
185	Numbness or tingling		
186	Itching		
187	Dry skin		
188	Itching with red rash		
189	Itching worse at night		
190	Itching w/ pustules, ulcers, or eczema		
191	Unusual weight loss		
192	Weight gain		
193	Obesity		
194	Chest & Abdomen	Intensity 1-5	
195	Cough: acute		
196	Cough: chronic		
197	Chest pain: fixed, pricking, stabbing, or needle like		
198	Chest Pain: feeling of distention, sighing, or irritability		
199	Chest pain: chronic, intermittent		
200	Cough w/ yellow sputum		
201	Cough w/ breathlessness & red face		
202	Heavy feeling in chest		
203	Left sided chest pain		
204	Chest pain extending to upper back		
205	Pain in ribs w/ pronounced feeling of distention		
206	Pain in ribs: stabbing		
207	Pain in ribs w/ feeling of heaviness		
208	Slight breathlessness		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
209	Sighing		
210	Feeling of lump in throat		
211	Feeling of heat in chest		
212	Palpitations		
213	Pain in center, upper abdomen, just under ribs.		
214	Pain in Left abdomen just under ribs.		
215	Pain in Right abdomen just under ribs		
216	Pain around the umbilicus		
217	Pain in central lower abdomen		
218	Pain in the Right lower abdomen		
219	Pain in the Left lower abdomen		
220	Please describe your abdominal Pain:		<input type="checkbox"/> Burning <input type="checkbox"/> Full Heaviness <input type="checkbox"/> Stabbing <input type="checkbox"/> Intermittent <input type="checkbox"/> Dull <input type="checkbox"/> Tight <input type="checkbox"/> Better w/ cold drinks <input type="checkbox"/> Better w/ warm drinks <input type="checkbox"/> Better w/ pressure
221	Limbs	Intensity 1-5	
222	Weakness of the limbs		
223	Difficulty walking		
224	Muscle atrophy/flaccidity		
225	Feeling of distention of the limbs		
226	Feeling of heaviness of the limbs		
227	Muscle aches of the limbs		
228	Numbness of the limbs		
229	Tingling of the limbs		
230	Pain in multiple joints		
231	Joint pain that changes location from day to day		
232	Joint swelling		
233	Tremor		
234	Pain/inability to raise shoulder		
235	Pain in the elbow		
236	Pain in the hands		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
237	Cold hands		
238	Hot hands		
239	Itchy hands		
240	Swelling of the hands (pitting)		
241	Swelling of the hands (non-pitting)		
242	Pain in the hip		
243	Pain in the thigh		
244	Knee pain		
245	Weak knees		
246	Calf cramps		
247	Cold feet		
248	Foot pain w/o swelling		
249	Foot pain with swelling		
250	Swelling of the feet (pitting)		
251	Swelling of the feet (non-pitting)		
252	Pain in the bottom of the foot below the big toe.		
253	Pain in the ball of the foot.		
254	Pain in the sole of the foot.		
255	Burning in the bottom of the foot below the big toe		
256	Burning in the ball of the foot		
257	Burning in the sole of the foot		
258	Foot burning worse in the evening or night		
259	Sleep	Intensity 1-5	
260	Difficulty falling asleep		
261	Difficulty staying asleep		
262	Restlessness during sleep		
263	Frequent sighing during the night		
264	Easily startled while asleep		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
265	Prefer to sleep propped up		
266	Rapid pulse/ palpitations at night		
267	Abdominal fullness at night		
268	Burning stomach at night		
269	Dreams disturb sleep		
270	Reoccurring dream		
271	Excessive dreaming w/ a feeling of exhaustion		
272	Nightmares		
273	Agitated dreams		
274	Absentminded		
275	Emotionally unstable		
276	Desire to lay down during day		
277	Daytime sleeping		
278	Listlessness		
279	Sleepy after eating		
280	Brain fog worse in morning		
281	Sweating	Intensity 1-5	
282	Spontaneous sweating (light)		
283	Spontaneous sweating (profuse)		
284	Only on the head		
285	Only on hands or feet		
286	Only on nose		
287	Only on arms or legs		
288	Only on palms, sloes & chest.		
289	Whole body		
290	Oily sweat		
291	Yellow sweat		
292	Daytime sweating		

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	A	B	C
293	Nighttime sweating		
294	Absence of sweating		
295	Ears & Eyes	Intensity 1-5	
296	Tinnitus (ringing in ears)		
297	Sudden onset		
298	Gradual onset		
299	Onset with headache		
300	Onset w/ fever & chills		
301	High-pitched		
302	Low-pitched		
303	Chronic, severe		
304	Chronic, mild		
305	Intermittent		
306	Deafness: Gradual onset		
307	Deafness: Sudden onset		
308	Weak voice		
309	Dizziness		
310	Earache		
311	Yellow drainage from ear		
312	Itchy ears		
313	Blurred vision (w/ or w/o glasses)		
314	Floaters in vision		
315	Dark or light spots in vision		
316	Itchy eyes		
317	Dry eyes		
318	Feeling of distention of eyes		
319	Streaming eyes		
320	Stinging in eyes		

The Kassner Comprehensive Lyme Symptom Inventory

	A	B	C
321	Eye Pain	Intensity 1-5	
322	Sudden onset		
323	More during Morning/day		
324	More during Afternoon/night		
325	Persistent		
326	With swelling		
327	Severe, unbearable		
328	Inflamed, red & hot		
329	Worse with pressure		
330	Worse with heat		
331	Worse with cold		
332	Pain worse with irritability		
333	Worse after eating		
334	Worse moving eyes		
335	Sharp pain		
336	Gradual onset		
337	Intermittent (on & off)		
338	Dull, mild		
339	Better with pressure		
340	Better with eating		
341	Better with heat		
342	Better with cold		
343	Feeling of Cold, Heat & Fever		
344	Aversion (dislike) to wind		
345	Fear of cold (Hard to stay warm/always cold)		
346	Aversion (dislike) to cold		
347	Shivers, feel extremely cold		
348	Cold Limbs		

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	A	B	C
349	Chest feels cold		
350	Abdomen feels cold		
351	Gradual onset of cold feeling		
352	Sudden onset of cold feeling		
353	Cold feeling persistent		
354	Cold feeling intermittent		
355	Fever, chronic		
356	Fever, intermittent		
357	Alternate between hot and cold		
358	Cold hands		
359	Cold feet		
360	Cold legs		
361	Cold back		
362	Fear of heat (Hard to stay cool/always hot)		
363	Aversion (dislike) to heat		
364	Hot in afternoon or evening		
365	Hot Limbs		
366	Chest feels hot		
367	Abdomen feels hot		
368	Gradual onset of hot feeling		
369	Sudden onset of hot feeling		
370	Hot feeling persistent		
371	Hot feeling intermittent		
372	Hot hands		
373	Hot feet		
374	Hot legs		
375	Hot back		
376	Mental-Emotional	Intensity 1-5	

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	A	B	C
377	Depression: Mild		
378	Depression: Moderate		
379	Depression: Severe		
380	Racing thoughts, or inability to control thoughts.		
381	Lack of thoughts or ideas.		
382	Obsessive thoughts (stuck on a single thought)		
383	Depressed mood nearly every day.		
384	Depressed mood occasionally		
385	Depressed mood all day every day.		
386	Loss of interests		
387	Loss of self-esteem		
388	Loss of motivation		
389	Fatigue		
390	Loss of apatite		
391	Increased appetite		
392	Weight gain		
393	Weight loss		
394	Mood swings		
395	Agitation / irritability		
396	Anger / rage		
397	Unable to experience pleasure		
398	Anxiety		
399	Fear		
400	Worry / over thinking		
401	Sadness / grief		
402	Mania or hypomania		
403	Thrill seeking		
404	Hyperactivity		

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	A	B	C
405	Tearful		
406	Extreme playfulness		
407	Inappropriate Laughter		
408	Difficulty thinking (brain fog)		
409	Pensiveness		
410	Shock		
411	Mental restlessness		
412	Confusion		
413	Violent tendencies (acting out)		
414	Shouting outbursts		
415	Memory loss: short term		
416	Memory loss: long term		
417	Male	Intensity 1-5	
418	Impotence		
419	Lack of libido		
420	Premature ejaculation		
421	Nocturnal ejaculation (wet dream)		
422	Tiredness or dizziness after ejaculation		
423	Inability to reach orgasm		
424	Headache after orgasm		
425	Female	Intensity 1-5	
426	Lack of libido		
427	Inability to reach orgasm		
428	Headache after orgasm		
429	Fibrocystic breast lumps		
430	Other benign breast lumps		
431	Breast Cancer		
432	Profuse Menstrual bleeding		

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	A	B	C
433	Very light menstrual bleeding		
434	Menstrual flow is Brownish in color		
435	Menstrual flow is Red or Bright red in color		
436	Menstrual flow in Pale in color		
437	Menstrual flow is Very Dark or Blackish in color		
438	Menstrual flow is Purplish in color		
439	Dark clots		
440	Clotted but fresh looking		
441	Large clots		
442	Small clots		
443	Flow is Watery		
444	Flow is Sticky		
445	Period is regular 28-32 days		
446	Period is frequently Late		
447	Period is frequently Early		
448	Period starts slowly		
449	Mid-Cycle bleeding		
450	Periods are Irregular		
451	Skipped Periods		
452	Not menstruating but not menopausal		
453	Ovulation painful		
454	Started menstruating before age 13		
455	Started menstruating after age 16		
456	Pain Before menstruation		
457	Pain During Menstruation		
458	Mild Pain During Menstruation		
459	Feeling of heaviness in lower abdomen During Menstruation		
460	Pain After Menstruation		

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	A	B	C
461	Stabbing Pain - Menstrual		
462	Cramping Pain – Menstrual		
463	Slight breast distention (swelling) after menstruation		
464	PMS		
465	Premenstrual breast distention (swelling)		
466	Slight breast distention (swelling) after menstruation		
467	Premenstrual sadness, worry or grief.		
468	Depression PMS		
469	Moodiness PMS		
470	Irritability PMS		
471	Propensity to outbursts of anger PMS		
472	Crying PMS		
473	Mental restlessness PMS		
474	Shouting PMS		
475	Anxiety PMS		
476	Insomnia PMS		
477	Lack of motivation PMS		
478	Fatigue PMS		
479	Abdominal bloating PMS		
480	Constipation PMS		
481	Nausea /vomiting PMS		
482	Small stools PMS		
483	Dry Stools PMS		
484	Diarrhea PMS		
485	Breast Pain PMS		
486	Breast Pain during Menstruation		
487	Headache during period		
488	Headache after period		

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	A	B	C
489	Vaginal discharge – White		
490	Vaginal discharge – Yellow		
491	Vaginal discharge – Greenish		
492	Vaginal discharge – Red & White		
493	Vaginal discharge – fishy smell		
494	Vaginal discharge – Leathery smell		
495	Vaginal discharge – Watery		
496	Vaginal discharge - Thick		