

Checklist Toxoplasmosis

www.toxoplasmachronic.com

Mr/Mrs.

Age:years Duration.....

**Fluctuation
of symptoms** yes / no

Toxoplasma **IgG.....IU/ml**

IgM.....AU/ml

LTT: Date:

Date:

Treatment:

.....

Fatigue 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Muscular pains 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Concentration
disorder 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Sweating 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Dispnoea 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Listlessness
Exhaustion 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

.....
Irritability 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Visual disturbance 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Dizziness 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Depressive moods 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Anxieties 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Morning stiffness 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Oedema 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Sleeping disorder 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Insecure gait
impaired coordination 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

.....
Pressure in the
upper abdomen 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Headaches 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Joint aches 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Swelling of
lymph nodes 0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

SCORE

.....