

Screening Questions for Neurosyphilis (Including Ocular and Ootosyphilis)

Questions	
<u>Symptoms of Ootosyphilis</u>	
1) Have you recently had new trouble hearing?	<input type="checkbox"/> Yes – refer to ENT <input type="checkbox"/> No
2) Do you have ringing in your ears?	<input type="checkbox"/> Yes – refer to ENT <input type="checkbox"/> No
<u>Symptoms of Ocular syphilis</u>	
3) Have you recently had a change in vision?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
4) Do you see flashing lights?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
5) Do you see spots that move or float by in your vision?	<input type="checkbox"/> Yes – refer to ophthalmology <input type="checkbox"/> No
6) Have you had any blurring of your vision?	
<u>Symptoms of neurosyphilis</u>	
7) Are you having headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Have you recently been confused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Has your memory recently gotten worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Do you have trouble concentrating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Do you feel that your personality has recently changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Are you having a new problem walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Do you have weakness or numbness in your legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consider evaluation & treatment for neurosyphilis in patients with any of the following:

- 1) New persistent headache moderate or greater
- 2) New change in vision – loss, blurring, seeing spots or flashing lights
- 3) New change in hearing – loss, muffling or tinnitus
- 4) New and persistent change in personality, memory or judgement
- 5) New numbness of both legs or gait incoordination