



**Medical Symptoms Questionnaire (MSQ)**

Patient Name Date

**Rate each of the following symptoms based upon your typical health profile for the past 14 days.**

**Point Scale 0** – ***Never or almost never*** have the symptom

1. – ***Occasionally*** have it, effect is ***not severe***
2. – ***Occasionally*** have it, effect is ***severe***
3. – ***Frequently*** have it, effect is ***not severe***
4. – ***Frequently*** have it, effect is ***severe***

Headaches

**HEAD**

Faintness

Dizziness

Insomnia **Total**

|  |  |  |  |
| --- | --- | --- | --- |
| **EYES** |  | Watery or itchy eyes |  |
|  |  | Swollen, reddened or sticky eyelids |
|  |  | Bags or dark circles under eyes |
|  |  | Blurred or tunnel vision | **Total** |
|  |  | *(Does not include near or far-sightedness)* |  |
| **EARS** |  | Itchy ears |  |
|  |  | Earaches, ear infections |  |
|  |  | Drainage from ear |  |
|  |  | Ringing in ears, hearing loss | **Total** |
| **NOSE** |  | Stuffy nose |  |
|  |  | Sinus problems |  |
|  |  | Hay fever |  |
|  |  | Sneezing attacks |  |
|  |  | Excessive mucus formation | **Total** |
| **MOUTH/THROAT** |  | Chronic coughing |  |
|  |  | Gagging, frequent need to clear throat |  |
|  |  | Sore throat, hoarseness, loss of voice |  |
|  |  | Swollen or discolored tongue, gums, lips |  |
|  |  | Canker sores | **Total** |
| **SKIN** |  | Acne |  |
|  |  | Hives, rashes, dry skin |  |
|  |  | Hair loss |  |
|  |  | Flushing, hot flashes |  |
|  |  | Excessive sweating | **Total** |
| **HEART** |  | Irregular or skipped heartbeat |  |
|  |  | Rapid or pounding heartbeat |  |
|  |  | Chest pain | **Total** |

Version 2

**MEDICAL SYMPTOMS QUESTIONNAIRE (MSQ)**

Chest congestion

**LUNGS**

Asthma, bronchitis

Shortness of breath

Difficulty breathing **Total**

Nausea, vomiting

**DIGESTIVE TRACT**

Diarrhea

Constipation

Bloated feeling

Belching, passing gas

Heartburn

Intestinal/stomach pain **Total**

Pain or aches in joints

**JOINTS/MUSCLE**

Arthritis

Stiffness or limitation of movement

Pain or aches in muscles

Feeling of weakness or tiredness **Total**

|  |  |  |  |
| --- | --- | --- | --- |
| **WEIGHT** |  | Binge eating/drinking |  |
|  |  | Craving certain foods |
|  |  | Excessive weight |
|  |  | Compulsive eating |
|  |  | Water retention |
|  |  | Underweight | **Total** |
| **ENERGY/ACTIVITY** |  | Fatigue, sluggishness |  |
|  |  | Apathy, lethargy |  |
|  |  | Hyperactivity |  |
|  |  | Restlessness | **Total** |
| **MIND** |  | Poor memory |  |
|  |  | Confusion, poor comprehension |  |
|  |  | Poor concentration |  |
|  |  | Poor physical coordination |  |
|  |  | Difficulty in making decisions |  |
|  |  | Stuttering or stammering |  |
|  |  | Slurred speech |  |
|  |  | Learning disabilities | **Total** |

Mood swings

**EMOTIONS**

Anxiety, fear, nervousness

Anger, irritability, aggressiveness

Depression **Total**

Frequent illness

**OTHER**

Frequent or urgent urination

Genital itch or discharge **Total Grand Total**