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

HEAD

_____ Headaches
_____ 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 _______
### Lungs
- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficulty breathing

Total _______

### Digestive Tract
- Nausea, vomiting
- Diarrhea
- Constipation
- Belching, passing gas
- Heartburn
- Intestinal/stomach pain

Total _______

### Joints/Muscle
- Pain or aches in joints
- 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 _______

### Emotions
- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression

Total _______

### Other
- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total _______

Grand Total _______