



Medical Symptoms Questionnaire (MSQ)

Name:

Date:

Rate each of the following symptoms based upon your typical health profile for: Past 30 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/sticky eyelids
Bags, dark circles
Blurred or tunnel vision (does not include near or far-sightedness)
Total

Ears

- Itchy ears
Earaches, ear infections
Drainage from ear
Ringing /hearing loss
Total

Nose

- Stuffy Nose
Sinus problems
Hay fever
Sneezing attacks
Excessive mucous
Total

Mouth/Throat

- Chronic coughing
Gagging/throat clearing
Sore throat, hoarseness
Swollen/discolored tongue, gums, lips
Canker sores
Total

Skin

- Acne
Hives, rashes, dry skin
Hair loss
Flushing, hot flashes
Excessive sweating
Total

Heart

- Irregular /skipped beats
Rapid/pounding beats
Chest pain
Total

Lungs

- Chest congestion
Asthma, bronchitis
Shortness of breath
Difficulty breathing
Total

Digestive Tract

- Nausea, vomiting
Diarrhea
Constipation
Bloating feeling
Belching, passing gas
Heartburn
Intestinal/stomach pain
Total

Joints/Muscle

- Pain or aches in joints
Arthritis
Stiffness/limited 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
Restless leg
Jetlag
Total

Mind

- Poor memory
Confusion, poor comprehension
Poor concentration
Poor physical coordination
Difficulty 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
Bone pain
Total

MSQ Total _____

Reviewed by _____

Date/Time _____