

# Medical Symptoms Questionnaire – MSQ

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, effect is severe

3 = Frequently have it, effect is not severe

4 = Frequently have it, effect is severe

**Digestive Tract**

- \_\_\_\_\_ Nausea or vomiting
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Bloating feeling
- \_\_\_\_\_ Belching or passing gas
- \_\_\_\_\_ Heartburn
- \_\_\_\_\_ Intestinal/Stomach pain

\_\_\_\_\_ **Total**

**Ears**

- \_\_\_\_\_ Itchy ears
- \_\_\_\_\_ Earaches, ear infections
- \_\_\_\_\_ Drainage from ear
- \_\_\_\_\_ Ringing in ears, hearing loss

\_\_\_\_\_ **Total**

**Emotions**

- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Anxiety, fear or nervousness
- \_\_\_\_\_ Anger, irritability or aggressiveness
- \_\_\_\_\_ Depression

\_\_\_\_\_ **Total**

**Energy/Activity**

- \_\_\_\_\_ Fatigue, sluggishness
- \_\_\_\_\_ Apathy, lethargy
- \_\_\_\_\_ Hyperactivity
- \_\_\_\_\_ Restlessness

\_\_\_\_\_ **Total**

**Eyes**

- \_\_\_\_\_ Watery or itchy eyes
- \_\_\_\_\_ Swollen, reddened or sticky eyelids
- \_\_\_\_\_ Bags or dark circles under eyes
- \_\_\_\_\_ Blurred or tunnel vision (does not include near- or far-sightedness)

\_\_\_\_\_ **Total**

**Head**

- \_\_\_\_\_ Headaches
- \_\_\_\_\_ Faintness
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ Insomnia

\_\_\_\_\_ **Total**

**Heart**

- \_\_\_\_\_ Irregular or skipped heartbeat
- \_\_\_\_\_ Rapid or pounding heartbeat
- \_\_\_\_\_ Chest pain

\_\_\_\_\_ **Total**

**Joint/Muscles**

- \_\_\_\_\_ Pain or aches in joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Stiffness or limitation of movement
- \_\_\_\_\_ Pain or aches in muscles
- \_\_\_\_\_ Feeling of weakness or tiredness

\_\_\_\_\_ **Total**

**Lungs**

- \_\_\_\_\_ Chest congestion
- \_\_\_\_\_ Asthma, bronchitis
- \_\_\_\_\_ Shortness of breath
- \_\_\_\_\_ Difficult breathing

\_\_\_\_\_ **Total**

**Mind**

- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Confusion, poor comprehension
- \_\_\_\_\_ Poor concentration
- \_\_\_\_\_ Poor physical coordination
- \_\_\_\_\_ Difficulty in making decisions
- \_\_\_\_\_ Stuttering or stammering
- \_\_\_\_\_ Slurred speech
- \_\_\_\_\_ Learning disabilities

\_\_\_\_\_ **Total**

**Mouth/Throat**

- \_\_\_\_\_ Chronic coughing
- \_\_\_\_\_ Gagging, frequent need to clear throat
- \_\_\_\_\_ Sore throat, hoarseness, loss of voice
- \_\_\_\_\_ Swollen/discolored tongue, gum, lips
- \_\_\_\_\_ Canker sores

\_\_\_\_\_ **Total**

**Nose**

- \_\_\_\_\_ Stuffy nose
- \_\_\_\_\_ Sinus problems
- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Sneezing attacks
- \_\_\_\_\_ Excessive mucus formation

\_\_\_\_\_ **Total**

**Skin**

- \_\_\_\_\_ Acne
- \_\_\_\_\_ Hives, rashes, or dry skin
- \_\_\_\_\_ Hair loss
- \_\_\_\_\_ Flushing or hot flushes
- \_\_\_\_\_ Excessive sweating

\_\_\_\_\_ **Total**

**Weight**

- \_\_\_\_\_ Binge eating/drinking
- \_\_\_\_\_ Craving certain foods
- \_\_\_\_\_ Excessive weight
- \_\_\_\_\_ Compulsive eating
- \_\_\_\_\_ Water retention
- \_\_\_\_\_ Underweight

\_\_\_\_\_ **Total**

**Other**

- \_\_\_\_\_ Frequent illness
- \_\_\_\_\_ Frequent or urgent urination
- \_\_\_\_\_ Genital itch or discharge

\_\_\_\_\_ **Total**

\_\_\_\_\_ **GRAND TOTAL**