



# 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*

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

## MEDICAL SYMPTOMS QUESTIONNAIRE (MSQ)

### LUNGS

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

Comments

### DIGESTIVE TRACT

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

Comments

### JOINTS/MUSCLE

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

Comments

### WEIGHT

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

Comments

### ENERGY/ACTIVITY

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

Comments

### MIND

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

Comments

### EMOTIONS

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

Comments

### OTHER

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

Comments

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