**Medical Symptoms Questionnaire (MSQ)**

Date: 

Rate each of the following symptoms based upon your typical health profile for:  [ ] Past 30 days  [ ] Past 48 hours 

<table>
<thead>
<tr>
<th>Point Scale</th>
<th>0 – Never or almost never have the symptom</th>
<th>1 – Occasionally have it, effect is not severe</th>
<th>2 – Occasionally have it, effect is severe</th>
<th>3 – Frequently have it, effect is not severe</th>
<th>4 – Frequently have it, effect is severe</th>
</tr>
</thead>
</table>

**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/earing 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/dischroled tongue, gums, lips
- Canker sores

**Total**

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

**Total**

<table>
<thead>
<tr>
<th><strong>Heart</strong></th>
<th>Irregular/skipped beats</th>
<th>Rapid/pounding beats</th>
<th>Chest pain</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lungs</strong></td>
<td>Chest congestion</td>
<td>Asthma, bronchitis</td>
<td>Shortness of breath</td>
<td>Difficulty breathing</td>
</tr>
<tr>
<td><strong>Digestive Tract</strong></td>
<td>Nausea, vomiting</td>
<td>Diarrhea</td>
<td>Constipation</td>
<td>Bloating feeling</td>
</tr>
<tr>
<td><strong>Joints/Muscle</strong></td>
<td>Pain or aches in joints</td>
<td>Arthritis</td>
<td>Stiffness/limited movement</td>
<td>Pain or aches in muscles</td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td>Binge eating/drinking</td>
<td>Craving certain foods</td>
<td>Excessive weight</td>
<td>Compulsive eating</td>
</tr>
</tbody>
</table>

**Energy/Activity**
- Fatigue/sluggishness
- Apathy, lethargy
- Hyperactivity
- Restless leg
- Jetlag

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

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

**Other**
- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge
- Bone pain

**MSQ Total**

Reviewed by________________________  Date/Time________________________