

# MSQ - Medical Symptoms Questionnaire

Rate each of the following symptoms based upon your typical health profile for the past 30 days.

## Point Scale:

0 = Never or almost never have the symptom  
1 = Occasionally have it, effect is not severe

2 = Frequently have it, effect is not severe

3 = Occasionally have it, effect is severe

4 = Frequently have it, effect is severe

Digestive Tract	___ Nausea or vomiting	Total	Lungs	___ Chest Congestion	Total
	___ Diarrhea			___ Asthma, bronchitis	
Ears	___ Constipation	Total	Mind	___ Shortness of breath	Total
	___ Bloating Feeling			___ Difficulty Breathing	
Emotions	___ Belching or passing gas	Total	Mouth / Throat	___ Poor memory	Total
	___ Heartburn			___ Confusion, poor comprehension	
Energy & Activity	___ Itchy Eyes	Total	Nose	___ Difficulty in making decisions	Total
	___ Ear aches, ear infections			___ Stuttering or stammering	
Eyes	___ Drainage from ear	Total	Skin	___ Slurred speech	Total
	___ Ringing in ears, hearing loss			___ Learning disabilities	
Head	___ Mood Swings	Total	Weight	___ Chronic coughing	Total
	___ Anxiety, fear or nervousness			___ Gagging frequently; need to clear throat	
Heart	___ Anger, irritability or aggressiveness	Total	Other	___ Sore throat, hoarseness, loss of voice	Total
	___ Depression			___ Swollen or discolored tongue, gums, lips	
Joints & Muscles	___ Fatigue, sluggishness	Total	Grand Total	___ Canker sores	Total
	___ Apathy, lethargy			___ Stuffy nose	
Head	___ Hyperactivity	Total	Skin	___ Sinus problems	Total
	___ Restlessness			___ Hay fever	
Eyes	___ Watery or itchy eyes	Total	Weight	___ Sneezing attacks	Total
	___ Swollen, reddened or sticky eyelids			___ Excessive mucus formation	
Head	___ Bags or dark circles under eyes	Total	Skin	___ Acne	Total
	___ Blurred or tunnel vision [does not include near or far sightedness]			___ Hives, rashes, or dry skin	
Head	___ Headaches	Total	Weight	___ Hair loss	Total
	___ Faintness			___ Flushing or hot flashes	
Heart	___ Dizziness	Total	Other	___ Excessive sweating	Total
	___ Insomnia			___ Binge eating/ drinking	
Heart	___ Irregular or skipped heartbeat	Total	Weight	___ Craving certain foods	Total
	___ Rapid or pounding heartbeat			___ Excessive weight	
Joints & Muscles	___ Chest Pain	Total	Other	___ Compulsive eating	Total
	___ Pain or aches in joints			___ Water retention	
Joints & Muscles	___ Arthritis	Total	Other	___ Underweight	Total
	___ Stiffness or limitation of movement			___ Frequent illness	
Joints & Muscles	___ Pain or aches in muscles	Total	Other	___ Frequent or urgent urination	Total
	___ Feeling of weakness or tiredness			___ Genital itch or discharge	