
Medical Symptoms Questionnaire (MSQ)

Patient Name _____ Date _____

Instructions

Use this point scale to rate each of the following symptoms based on your typical health profile for the past 14 days:

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, or sticky eyelids
- Bags or dark circles under eyes
- Blurred or tunnel vision (doesn't include nearsightedness or farsightedness)
- Total**

Ears

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

Nose

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation
- Total**

Please continue on the next page

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Mouth and Throat

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discolored tongue, gums, lips
- Canker sores
- Total**

Skin

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

Heart

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- 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 or stomach pain
- Total**

Joints and Muscles

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

Please continue on the next page

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Weight

- ___ Binge eating or drinking
- ___ Craving certain foods
- ___ Excessive weight
- ___ Compulsive eating
- ___ Water retention
- ___ Underweight
- ___ **Total**

Energy or Activity

- ___ Fatigue, sluggishness
- ___ Apathy, lethargy
- ___ Hyperactivity
- ___ Restlessness
- ___ **Total**

Mind

- ___ Poor memory
- ___ Confusion, poor comprehension
- ___ Poor concentration
- ___ Poor physical coordination
- ___ Difficulty in 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
- ___ **Total**

___ **Grand Total (for all sections)**