

**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

**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

Total \_\_\_\_\_

(Does not include near or far-sightedness)

**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 \_\_\_\_\_

**MOUTH/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

\_\_\_ 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 \_\_\_\_\_

**JOINTS/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**-----

**KEY TO QUESTIONNAIRE** Add individual scores and total each group. Add each group score and give a grand total.

• Optimal is less than 10 • Mild Toxicity: 10-50 • Moderate Toxicity: 50-100 • Severe Toxicity: over 100

**Thank you.**