

MSQ - Medical Symptoms Questionnaire

Client Name.....Today's date

Rate each of the following symptoms based upon your typical health profile for:

Past 30 days Past 48 hours

- Point scale**
- 0 – Never or almost never had 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
- (does not include near or far sightedness)

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

MOOUTH/THROAT

Chronic coughing
 Gagging, frequent need to clear throat
 Sore throat, hoarseness, loss of voice
 Swollen or discoloured tongue, gums or 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 heart
 Chest pain
Total

LUNGS

Chest congestion
 Asthma, bronchitis
 Shortness of breath
 Difficulty breathing
Total

DIGESTIVE TRACT

Nausea, vomiting
 Diarrhoea
 Constipation
 Bloating feeling
 Belching, passing gas

___ Heartburn
___ Intestinal/stomach pain
Total ___

JOINTS/MUSCLES

___ Pain or aches in joints
___ Arthritis
___ Stiffness or limitation of movement
Total ___

___ Pain or aches in muscles
___ Feeling of weakness or tiredness

WEIGHT

___ Binge eating/drinking
___ Craving certain foods
___ Excessive weight
___ Compulsive eating
___ Water retention
___ Underweight
Total ___

ENERGY/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 of urgent urination
- ___ Genital itch or discharge

Total ___

GRAND TOTAL
