

Medical Symptoms Questionnaire (MSQ)

Patient Nam	e	Date
Bala and	Aller College Constructions from the construction of the construct	and and the could be considered and the considered
	of the following symptoms based upon your ty	
Point Scale	0 – Never or almost never have the symptom	
	1 – Occasionally have it, effect is not severe	4 - Frequently have it, effect is severe
	2 – Occasionally have it, effect is severe	
HEAD	Headaches	
	Faintness	
	Dizziness	
	Insomnia	Total
EYES	Watery or itchy ey	
	Swollen, reddened	
	Bags or dark circles	
Blurred o		
	(Does not include ne	ear or far-sightedness)
EARS	Itchy ears	
	Earaches, ear infect	tions
	Drainage from ear	
	Ringing in ears, he	
NOSE	Stuffy nose	
	Sinus problems	
	Hay fever	
	Sneezing attacks	
	Excessive mucus for	ormation Total
MOUTH/T	THROAT Chronic coughing	
	Gagging, frequent	
	Sore throat, hoarse.	
	Swollen or discolor	ored tongue, gums, lips
	Canker sores	Total
SKIN		
SKIN Acne Hives, rashes, dry skin		drin
	** 1	KIII
		Ac
	Excessive sweating	
	Excessive sweating	, <u>IOIGI</u>
HEART	Irregular or skippe	ed heartbeat
	Rapid or pounding	
	Chest pain	Total
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LUNGS Chest congestion Asthma, bronchitis Shortness of breath _____ Difficulty breathing Total _____ **DIGESTIVE TRACT** _____ Nausea, vomiting Diarrhea _____ Constipation _____ Bloated feeling _____ Belching, passing gas ____ Heartburn _____ Intestinal/stomach pain Total JOINTS/MUSCLE Pain or aches in joints Arthritis Stiffness or limitation of movement Pain or aches in muscles Feeling of weakness or tiredness Total _____ **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 or urgent urination Genital itch or discharge Total Grand Total

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