# Medical Symptoms Questionnaire (MSQ)

**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* 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**

### SKIN
- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing, hot flashes
- Excessive sweating  **TOTAL**

### ENERGY/ACTIVITY
- Fatigue/sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- Jetlag  **TOTAL**

### MIND
- Poor memory
- Confusion, poor comprehension
- Poor concentration
- Poor physical coordination
- Difficulty making decisions
- Stuttering or stammering
- Slurred speech
- Learning disabilities  **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/stomach pain  **TOTAL**

### JOINTS/MUSCLE
- Pain or aches in joints
- Arthritis
- Stiffness/limited 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**

### OTHER
- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge
- Bone pain  **TOTAL**

---

**GRAND TOTAL**