

Medical Symptoms Questionnaire (MSQ)

Institute for Functional Medicine (IFM) - Medical Symptoms Questionnaire (MSQ)



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

Subtotal

EYES

Watery or itchy eyes

Bags or dark circles under eyes

Swollen, reddened or sticky eyelids

Blurred or tunnel vision *

Subtotal

*** For Blurred or tunnel vision - Does not include near or far-sightedness**

EARS

Itchy ears

Earaches, ear infections

Drainage from ear

ringing in ears, hearing loss

Subtotal

NOSE

Stuffy nose

Sinus problems

Hay fever

Sneezing attacks

Excessive mucus formation

Subtotal

MOUTH/THROAT

Chronic coughing

Gagging, frequent need to clear throat

Sore throat, hoarseness, loss of voice

Swollen or discolored tongue, gums, lips

Canker sores

Subtotal

SKIN

Acne

Hives, rashes, dry skin

Hair loss

Flushing, hot flashes

Excessive sweating

Subtotal

HEART

Irregular or skipped heartbeat

Rapid or pounding heartbeat

Chest pain

Subtotal

LUNGS

Chest congestion

Asthma, bronchitis

Shortness of breath

Difficulty breathing

Subtotal

DIGESTIVE TRACT

Nausea, vomiting

Diarrhea

Constipation

Bloated feeling

Belching, passing gas

Heartburn

Intestinal/stomach pain

Subtotal

JOINTS/MUSCLE

Pain or aches in joints

Arthritis

Stiffness or limitation of movement

Pain or aches in muscles

Feeling of weakness or tiredness

Subtotal

WEIGHT

Binge eating/drinking

Craving certain foods

Excessive weight

Compulsive eating

Water retention

Underweight

Subtotal

ENERGY / ACTIVITY

Fatigue, sluggishness

Apathy, lethargy

Hyperactivity

Restlessness

Subtotal

MIND

Poor memory

Confusion, poor comprehension

Poor concentration

Poor physical coordination

Difficulty in making decisions

Stuttering or stammering

Slurred speech

Learning disabilities

Subtotal

EMOTIONS

Mood swings

Anxiety, fear, nervousness

Anger, irritability, aggressiveness

Depression

Subtotal

OTHER

Frequent illness

Frequent or urgent urination

Genital itch or discharge

Subtotal

Grand Total	
Head	
Eyes	
Ears	
Nose	
Mouth/Throat	
Skin	
Heart	
Lungs	
Digestive Tract	
Joints/Muscle	
Weight	
Energy/Activity	
Mind	
Emotions	

Other