

MSQ (Medical Symptoms Questionnaire)

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This screening questionnaire from the Institute for Functional Medicine (www.IFM.org) is used to assess and track symptoms. If this is your first time taking the MSQ, rate each of the following symptoms based on your health for the past two weeks. If you are tracking recent changes, answer according to the last 48 hours. Please score from 0 to 4 according to the scale



Digestion

- _____ Nausea or vomiting
- _____ Diarrhea or loose stools
- _____ Constipation
- _____ Bloating feeling
- _____ Belching or passing gas
- _____ Heartburn/GERD
- _____ Intestinal or stomach pain

Ears

- _____ Itchy ears
- _____ Earaches or infections
- _____ Drainage from ear
- _____ Ringing or hearing loss

Emotions

- _____ Mood swings
- _____ Anxiety, nervousness
- _____ Anger, irritability
- _____ Depression

Energy

- _____ Fatigue, sluggishness
- _____ Lethargy, apathy
- _____ Hyperactivity
- _____ Restlessness, distracted

Eyes

- _____ Itchy, watery eyes
- _____ Swollen, red eyelids
- _____ Bags or circles under eyes
- _____ Blurred or tunnel vision

Head

- _____ Headaches
- _____ Faintness
- _____ Dizziness
- _____ Insomnia

Heart

- _____ Irregular or skipped beats
- _____ Rapid, pounding heartbeat
- _____ Chest pain

Musculoskeletal

- _____ Joint pains or aches
- _____ Arthritis
- _____ Stiffness or limitation of motion
- _____ Muscle pains or aches
- _____ Feeling weak or tired

Lungs

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficult breathing

Mind

- _____ Poor memory
- _____ Confusion, poor comprehension
- _____ Poor concentration
- _____ Poor physical coordination
- _____ Difficulty making decisions
- _____ Stuttering, stammering
- _____ Slurred speech
- _____ Learning disabilities

Mouth/throat

- _____ Chronic coughing
- _____ Gagging, frequent throat clearing
- _____ Sore/hoarse throat, loss of voice
- _____ Swollen, discolored tongue, lips
- _____ Canker sores

Nose

- _____ Stuffy nose
- _____ Sinus problems, infections, etc
- _____ Hay fever or allergies
- _____ Sneezing attacks
- _____ Excessive mucus formation

Skin

- _____ Acne outbreaks
- _____ Hives, rashes, or dry skin
- _____ Hair loss
- _____ Flushing or hot flashes
- _____ Excessive sweating

Weight

- _____ Binge eating/drinking
- _____ Craving certain foods
- _____ Excessive weight
- _____ Compulsive eating
- _____ Water retention
- _____ Underweight

Other

- _____ Frequent illness
- _____ Frequent or urgent urination
- _____ Genital itch or discharge

SUBTOTAL

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**GRAND
TOTAL:**

Optimal: less than 20
Mild dysfunction: 21-50

Moderate dysfunction: 51-100
Severe dysfunction: above 101