Multiple System Questionnaire (MSQ)

Name: **Date:**

Rate each of the following symptoms based upon your typical health profile for the last **30 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*

Example:	
Headaches	3
HEAD	
Headaches	
Faintness	
Dizziness	
Insomnia	
Total for section	
EYES	
Watery of itchy eyes	
Swollen, reddened or sticky eyelids	
Bags or dark circles under eyes	
Blurred or tunnel vision (not near/far sightedness)	
Total for section	
EARS	
Itchy ears	
Earaches, ear infections	
Draining from ear	
Ringing in ears, popping ears, hearing loss	
Total for section	
NOSE	
Stuffy nose	
Sinus problems	
Hay fever	
Sneezing attacks	
Excessive mucus formation	
Total for section	
MOUTH/THROAT	
Chronic coughing	
Gagging, frequent need to clear throat	
Sore throat, hoarseness, loss of voice	
Swollen or discolored tongue, gums, lips	
Canker sores	
Total for section	

SKIN	
Acne	
Hives, rashes, dry skin	
Hair loss	
Flushing	
Excessive sweating	
Total for section	
HEART	
Irregular or skipped heartbeat	
Rapid or pounding heartbeat	
Chest pain	
Total for section	
LUNGS	
Chest congestion	
Asthma, bronchitis	
Shortness of breath	
Difficulty breathing	
Total for section	
DIGESTIVE TRACT	
Nausea, vomiting	
Diarrhea	
Constipation	
Bloating feeling	
Belching, passing gas	
Heartburn, reflux	
Intestinal/stomach pain	
Total for section	
JOINT/MUSCLES	
Pain or aches in joints	
Arthritis	
Stiffness or limitation of movement	
Pain or aches in muscles	
Feeling of weakness or tiredness	
Total for section	

WEIGHT	
Binge eating/drinking	
Craving certain foods	
Excessive weight	
Compulsive eating	
Water retention	
Underweight	
Total for section	
ENERGY/ACTIVITY	
Fatigue, tired, sluggish	
Apathy, lethargy	
Hyperactivity	
Restlessness	
Total for section	
MIND	
Poor memory	
Confusion, poor comprehension	
Poor concentration	
Poor physical coordination	
Difficulty in making decisions	
Stuttering or stammering	
Slurred speech	
Learning disabilities	
Total for section	
EMOTIONS	
Mood swings	
Anxiety/fear/nervousness	
Anger/irritability	
Panic attacks	
Depression	
Total for section	
OTHER	
Frequent illness	
Frequent or urgent urination	
Total for section	

GRAND TOTAL: _____