

# MSQ (Medical Symptoms Questionnaire)



This screening questionnaire from the Institute for Functional Medicine ([www.IFM.org](http://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