

# MSQ – MEDICAL SYMPTOM / TOXICITY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Toxicity and Symptom Screening Questionnaire identifies symptoms that help to identify the underlying causes of illness, and helps you track your progress over time. Rate each of the following symptoms based upon your health for the past 30 days. If you are taking this for a repeat visit, record your symptoms for the past 48 hours ONLY.

Point scale:

0 = Never or almost never have these symptoms

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

## DIGESTIVE TRACT

- Nausea or vomiting
  - Diarrhea
  - Constipation
  - Bloating feeling
  - Belching or passing gas
  - Heartburn
  - Intestinal/Stomach pain
- Total \_\_\_\_\_

## EARS

- Itchy ears Total
  - Earaches, ear infections
  - Drainage from ear
  - Ringing in ears, hearing loss
- Total \_\_\_\_\_

## EMOTIONS

- Mood swings
  - Anxiety, fear or nervousness
  - Anger, irritability, or aggressiveness
  - Depression
- Total \_\_\_\_\_

## ENERGY/ACTIVITY

- Fatigue, Sluggishness
  - Apathy, Lethargy
  - Hyperactivity
  - Restlessness
- Total \_\_\_\_\_

## EYES

- Watery/itchy eyes
  - Swollen, reddened or sticky eyelids
  - Bags or dark circles under eyes
  - Blurred or tunnel vision  
(not near or farsightedness)
- Total \_\_\_\_\_

## HEAD

- Headaches
  - Faintness
  - Dizziness
  - Insomnia
- Total \_\_\_\_\_

## HEART

- Irregular or skipped heartbeat
  - Rapid or pounding heartbeat
  - Chest pain
- Total \_\_\_\_\_

## JOINTS/MUSCLES

- Pain or aches in joints
  - Arthritis
  - Stiffness or limitation of movement
  - Pain or aches in muscles
  - Feeling of weakness or tiredness
- Total \_\_\_\_\_

## LUNGS

- Chest congestion
  - Asthma, bronchitis
  - Shortness of breath
  - Difficulty breathing
- Total \_\_\_\_\_

## MIND

- Poor memory
  - Confusion, poor comprehension
  - Poor concentration
  - Poor physical coordination
  - Difficulty in making decisions
  - Stuttering or stammering
  - Slurred speech
  - Learning disabilities
- Total \_\_\_\_\_

## MOUTH/THROAT

- Chronic coughing
  - Gagging, frequent need to clear throat
  - Sore throat, hoarseness, loss of voice
  - Swollen/discolored tongue, gum, lips
  - Canker sores
- Total \_\_\_\_\_

## NOSE

- Stuffy Nose
  - Sinus problems
  - Hay fever
  - Sneezing attacks
  - Excessive mucus formation
- Total \_\_\_\_\_

## SKIN

- Acne
  - Hives, rashes or dry skin
  - Hair loss
  - Flushing or hot flashes
  - Excessive sweating
- 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
- Total \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

## KEY TO QUESTIONNAIRE

Add individual scores for each group. Add each group scores to get a grand total.

• Optimal is less than 10 • Mild Toxicity: 10-50 • Moderate Toxicity: 50-100 • Severe Toxicity: over 100