



THE INSTITUTE FOR  
FUNCTIONAL  
MEDICINE®

# Medical Symptoms Questionnaire (MSQ)

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## Instructions

Use this point scale to rate each of the following symptoms based on your typical health profile for the past 14 days:

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
- \_\_\_ Total

## Eyes

- \_\_\_ Watery or itchy eyes
- \_\_\_ Swollen, reddened, or sticky eyelids
- \_\_\_ Bags or dark circles under eyes
- \_\_\_ Blurred or tunnel vision (doesn't include nearsightedness or farsightedness)
- \_\_\_ Total

## Ears

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

## Nose

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

Please continue on the next page

**Point scale (rate symptoms over the past 14 days):**

- 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

**Mouth and Throat**

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen or discolored tongue, gums, lips
- Canker sores
- Total**

**Skin**

- Acne
- Hives, rashes, dry skin
- Hair loss
- Flushing, hot flashes
- Excessive sweating
- Total**

**Heart**

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain
- Total**

**Lungs**

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

**Digestive Tract**

- Nausea, vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching, passing gas
- Heartburn
- Intestinal or stomach pain
- Total**

**Joints and Muscles**

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

*Please continue on the next page*

**Point scale (rate symptoms over the past 14 days):**

- 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

**Weight**

- Binge eating or drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight
- Total**

**Energy or Activity**

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness
- Total**

**Mind**

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

**Emotions**

- Mood swings
- Anxiety, fear, nervousness
- Anger, irritability, aggressiveness
- Depression
- Total**

**Other**

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge
- Total**
  
- Grand Total (for all sections)**