



THE INSTITUTE FOR  
FUNCTIONAL  
MEDICINE®

# Medical Symptoms Questionnaire (MSQ)

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

Rate each of the following symptoms based upon your typical health profile for the past 14 days.

- Point Scale** 0 – *Never or almost never* have the symptom      3 – *Frequently* have it, effect is *not severe*  
1 – *Occasionally* have it, effect is *not severe*      4 – *Frequently* have it, effect is *severe*  
2 – *Occasionally* 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  
*(Does not include near or far-sightedness)*  
**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** \_\_\_\_\_

## 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** \_\_\_\_\_

## 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** \_\_\_\_\_

## MEDICAL SYMPTOMS QUESTIONNAIRE (MSQ)

### LUNGS

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

### DIGESTIVE TRACT

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

### JOINTS/MUSCLE

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

### WEIGHT

- \_\_\_\_\_ Binge eating/drinking
  - \_\_\_\_\_ Craving certain foods
  - \_\_\_\_\_ Excessive weight
  - \_\_\_\_\_ Compulsive eating
  - \_\_\_\_\_ Water retention
  - \_\_\_\_\_ Underweight
- Total** \_\_\_\_\_

### ENERGY/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** \_\_\_\_\_