

MSQ – MEDICAL SYMPTOM/TOXICITY QUESTIONNAIRE

NAME: _____ DATE: _____

This 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 profile for the past 30 days. If you are taking this Questionnaire as follow up, record your symptoms for the last 48 hours ONLY.**

POINT SCALE

0= Never or almost never have the symptom.

1= Occasionally have it, effect is not severe.

2= Occasionally have, effect is severe.

3= Frequently have it, effect is not severe.

4= Frequently have it, effect is severe

HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia
- SUBTOTAL*

EARS

- Itchy Ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss
- SUBTOTAL*

ENERGY/ACTIVITY

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

MIND

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

MOUTH/THROAT

- Chronic coughing
- Gagging, need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen/discolored tongue, gum, lips
- Canker sores
- SUBTOTAL*

JOINTS/MUSCLES

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

EMOTIONS

- Mood swings
- Anxiety, fear or nervousness
- Anger, irritability, aggressive
- Depression
- SUBTOTAL*

HEART

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

WEIGHT

- Binge eating/ drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight
- SUBTOTAL*

EYES

- Watery or itchy eyes
- Swollen, reddened or sticky eyelids
- Bags or dark circles under eyes
- Blurred or tunnel vision (Not correlated with near/far-sightedness)
- SUBTOTAL*

LUNGS

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

SKIN

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

NOSE

- Stuffy Nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation
- SUBTOTAL*

DIGESTIVE TRACT

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloating Feeling
- Belching, or passing gas
- Heartburn
- Intestinal/Stomach pain
- SUBTOTAL*

OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge
- SUBTOTAL*

GRAND TOTAL _____

KEY TO QUESTIONNAIRE

Add individual scores and total each group. Add each group score and give a grand total.

Optimal score is less than 10

Mild toxicity: 10-15

Moderate toxicity: 50-100

Severe Toxicity: over 100