

# 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 profile for the past 30 days. If you are taking after the first time, 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

## 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 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 \_\_\_\_\_

## 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
- \_\_\_ Difficult 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/dischored 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 flushes
- \_\_\_ 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 and total each group. Add each group scores and give a grand total.

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