

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/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 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