



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.

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:

HEAD

- \_\_\_ Headaches
\_\_\_ Faintness Dizziness
\_\_\_ Insomnia
\_\_\_ 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:

EARS

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

HEART

- \_\_\_ Irregular/skipped heartbeat
\_\_\_ Rapid or pounding heartbeat
\_\_\_ Chest pain
\_\_\_ Total:

NOSE

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

EMOTIONS

- \_\_\_ Mood swings
\_\_\_ Anxiety, fear or nervousness
\_\_\_ Anger, irritability, aggressiveness
\_\_\_ Depression
\_\_\_ 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:

SKIN

- \_\_\_ Acne
\_\_\_ Hives, rashes, or dry skin
\_\_\_ Hair loss
\_\_\_ Flushing or hot flushes
\_\_\_ Excessive sweating
\_\_\_ Total:

ENERGY

- \_\_\_ Fatigue, sluggishness
\_\_\_ Apathy, lethargy
\_\_\_ Hyperactivity
\_\_\_ Restlessness
\_\_\_ Total:

LUNGS

- \_\_\_ Chest congestion
\_\_\_ Asthma, bronchitis
\_\_\_ Shortness of breath
\_\_\_ Difficult breathing
\_\_\_ Total:

WEIGHT

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

EYES

- \_\_\_ Watery or itchy eyes
\_\_\_ Swollen, reddish, or sticky eyelids
\_\_\_ Bags or dark circles under eyes
\_\_\_ Blurred or tunnel vision (does not include near-or far-sightedness)
\_\_\_ Total:

MIND

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

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