



THE INSTITUTE FOR
FUNCTIONAL
MEDICINE®

Medical Symptoms/Toxicity Questionnaire (MSQ)

Client Name _____ Date _____

Use this point scale to rate each of the following symptoms based on your typical health profile for the past 30 days:

0 = Never or almost never have the symptom

1 = Occasionally have it; effect is not severe

2 = Occasionally have it; effect is severe

3 = Frequently have it; effect is not severe

4 = Frequently 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 (doesn't include nearsightedness or farsightedness)
- ___ **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**

Please continue on the next page

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Mouth and 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**

Lungs

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

Digestive Tract

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

Joints and Muscles

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

Please continue on the next page

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Weight

- Binge eating or drinking
- Craving certain foods
- Excessive weight
- Compulsive eating
- Water retention
- Underweight
- Total**

Energy or 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 (for all sections)

**Toxicity level
based on your
MSQ score:**