Medical Symptom Questionnaire (MSQ)

FLATIRON FUNCTIONAL MEDICINE

THE INSTITUTE FOR FUNCTIONAL MEDICINE®

ALL OF THE INFORMATION HEREIN WILL BE TREATED IN ACCORDANCE WITH ALL APPLICABLE CONFIDENTIALITY LAWS AND PRACTICES AND IS INTENDED SOLELY FOR THE USE OF FLATIRON FUNCTIONAL MEDICINE.

PATIENT NAME _____ **DATE** _____

Rate each of the following symptoms based on your typical health profile for the last 14 days.

POINT SCALE

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 — Total 0

___ Headaches
___ Faintness
___ Dizziness
___ Insomnia

EYES — Total 0

___ 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)

EARS — Total 0

___ Itchy ears
___ Earaches, ear infections
___ Drainage from ear
___ Ringing in ears, hearing loss

NOSE — Total 0

___ Stuffy nose
___ Sinus problems
___ Hay fever
___ Sneezing attacks
___ Excessive mucus formation

MOUTH / THROAT — Total 0

___ Chronic coughing
___ Gagging, frequent need to clear throat
___ Sore throat, hoarseness, loss of voice
___ Swollen or discolored tongue, gums, lips
___ Canker sores

SKIN — Total 0

___ Acne
___ Hives, rashes, dry skin
___ Hair loss
___ Flushing, hot flashes
___ Excessive sweating

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HEART — Total 0

___ Irregular or skipped heartbeat
___ Rapid or pounding heartbeat
___ Chest pain

LUNGS — Total 0

___ Chest congestion
___ Asthma, bronchitis
___ Shortness of breath
___ Difficulty breathing

DIGESTIVE TRACT — Total 0

___ Nausea, vomiting
___ Diarrhea
___ Constipation
___ Bloated feeling
___ Belching, passing gas
___ Heartburn
___ Intestinal / stomach pain

JOINTS / MUSCLE — Total 0

___ Pains or aches in joints
___ Arthritis
___ Stiffness or limitation of movement
___ Pains or aches in muscles
___ Feeling of weakness or tiredness

WEIGHT — Total 0

___ Binge eating / drinking
___ Craving certain foods
___ Excessive weight gain or loss
___ Compulsive eating
___ Water retention
___ Underweight

ENERGY / ACTIVITY — Total 0

___ Fatigue, sluggishness
___ Apathy, lethargy
___ Hyperactivity
___ Restlessness

MIND — Total 0

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

EMOTIONS — Total 0

___ Mood swings
___ Anxiety, fear, nervousness
___ Anger, irritability, aggressiveness
___ Depression

OTHER — Total 0

___ Frequent illness
___ Frequent or urgent urination
___ Genital itch or discharge

GRAND TOTAL 0