



MULTISYSTEMS QUESTIONNAIRE

Patient Name: _____

Date: _____

Rate each of the following symptoms based on your typical health profile for the specified duration:

- Past month
 Past week
 Past 48 hours

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

I. Medical Symptoms Questionnaire (MSQ)

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
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 _____

MOUTH/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
 Chest pain
 Irregular or skipped heartbeat
 Rapid or pounding heartbeat
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/stomach pain
TOTAL _____

JOINTS/MUSCLE
 Pain or aches in joints
 Arthritis
 Stiffness or limitation of movement
 Feeling of weakness or tiredness
 Pain or aches in muscles
TOTAL _____

WEIGHT
 Binge eating/drinking
 Craving certain foods
 Excessive weight
 Water retention
 Underweight
 Compulsive eating
TOTAL _____

ENERGY/ACTIVITY
 Fatigue, sluggishness
 Apathy, lethargy
 Hyperactivity
 Restlessness
TOTAL _____

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