

Premier Health Center
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Medical Symptoms Questionnaire (MSQ)

Name: _____ **Date:** _____

Rate each of the following symptoms based upon your typical health profile for: Past 30 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

- ___ Headaches
- ___ Faintness
- ___ Dizziness
- ___ Insomnia
- ___ **Total**

Eyes

- ___ Watery or itchy eyes
- ___ Swollen, reddened/sticky eyelids
- ___ Bags, dark circles
- ___ Blurred or tunnel vision
(does not include near or far-sightedness)
- ___ **Total**

Ears

- ___ Itchy ears
- ___ Earaches, ear infections
- ___ Drainage from ear
- ___ Ringing /hearing loss
- ___ **Total**

Nose

- ___ Stuffy Nose
- ___ Sinus problems
- ___ Hay fever
- ___ Sneezing attacks
- ___ Excessive mucous
- ___ **Total**

Mouth/Throat

- ___ Chronic coughing
- ___ Gagging/throat clearing
- ___ Sore throat, hoarseness
- ___ Swollen/discolored tongue, gums, lips
- ___ Canker sores
- ___ **Total**

Skin

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

Heart

- ___ Irregular /skipped beats
- ___ Rapid/pounding beats
- ___ 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/stomach pain
- ___ **Total**

Joints/Muscle

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

Weight

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

Energy/Activity

- ___ Fatigue/sluggishness
- ___ Apathy, lethargy
- ___ Hyperactivity
- ___ Restless leg
- ___ Jetlag
- ___ **Total**

Mind

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

Emotions

- ___ Mood swings
- ___ Anxiety, fear, nervousness
- ___ Mood swings
- ___ Anger, irritability, aggressiveness
- ___ Depression
- ___ **Total**

Other

- ___ Frequent illness
- ___ Frequent or urgent urination
- ___ Genital itch or discharge
- ___ Bone pain
- ___ **Total**

MSQ Total _____

Patient Signature _____

Date/Time _____