

Eileen Burke NT - Medical Symptoms Questionnaire (MSQ)



Rate each of the following symptoms based upon your typical health profile for the past 14 days.

HEAD

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Headaches					
Faintness					
Dizziness					
Insomnia					

EYES

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
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

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Itchy ears					
Earaches, ear infections					
Drainage from ear					
Ringings in ears, hearing loss					

NOSE

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Stuffy nose					
Sinus problems					
Hay fever					
Sneezing attacks					
Excessive mucus formation					

MOUTH / THROAT

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Chronic coughing					
Gagging, frequent need to clear throat					
Sore throat, hoarseness, loss of voice					
Swollen or discoloured tongue, gums, lips					
Canker sores					

SKIN

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Acne					
Hives, rashes, dry skin					
Hair loss					
Flushing, hot flashes					
Excessive sweating					

HEART

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Irregular or skipped heartbeat					
Rapid or pounding heartbeat					
Chest pain					

LUNGS

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Chest congestion					
Asthma, bronchitis					
Shortness of breath					
Difficulty breathing					

DIGESTIVE TRACT

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Nausea, vomiting					
Diarrhoea					
Constipation					
Bloated feeling					
Belching, passing gas					
Heartburn					
Intestinal / stomach pain					

JOINTS / MUSCLE

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Pain or aches in joints					
Arthritis					
Stiffness or limitation of movement					
Pain or aches in muscles					
Feeling of weakness or tiredness					

WEIGHT

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Binge eating / drinking					
Craving certain foods					
Excessive weight					
Compulsive eating					
Water retention					
Underweight					

ENERGY / ACTIVITY

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Fatigue, sluggishness					
Apathy, lethargy					
Hyperactivity					
Restlessness					

MIND

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Poor memory					
Confusion, poor comprehension					

Poor concentration					
Poor physical coordination					
Difficulty making decisions					
Stuttering or stammering					
Slurred speech					
Learning disabilities					

EMOTIONS

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Mood swings					
Anxiety, fear, nervousness					
Anger, irritability, aggressiveness					
Depression					

OTHER

	Never/Almost Never	Occasionally (not severe)	Occasionally (severe)	Frequently (not severe)	Frequently (severe)
Frequent illness					
Frequent or urgent urination					
Genital itch or discharge					