

MSQ- Medical Symptom/Toxicity Questionnaire

NAME: _____ DATE: _____

POINT SCALE

0= Never or almost never have the symptom
 1= Occasionally have it, affect is NOT severe

2= Occasionally have it, affect IS severe
 3= Frequently have it, affect is NOT severe
 4= Frequently have it, affect IS severe

DIGESTIVE TRACT

___ Nausea or vomiting

___ Diarrhea

___ Constipation

___ Bloating feeling

___ Belching, or passing gas

___ Heartburn

___ Intestinal/Stomach Pain

TOTAL _____

HEAD

___ Headaches

___ Faintness

___ Dizziness

___ Insomnia

TOTAL _____

MOUTH/THROAT

___ Chronic coughing

___ Gagging, frequent need to clear throat

___ Sore Throat, hoarseness, loss of voice

___ Swollen/discolored tongue, gums, lips

___ Canker sores

TOTAL _____

EARS

___ Itchy ears

___ Earaches, ear infections

___ Drainage from ear

___ Ringing in ears, hearing loss

TOTAL _____

HEART

___ Irregular/skipped heartbeat

___ Rapid/pounding heart

___ Chest pain

TOTAL _____

NOSE

___ Stuffy nose

___ Sinus problems

___ Hay fever

___ Sneezing attacks

___ Excessive mucus formation

TOTAL _____

EMOTIONS

___ Mood Swings

___ Anxiety, fear or nervousness

___ Anger, irritability or aggressiveness

___ Depression

TOTAL _____

JOINTS/MUSCLES

___ Pain or aches in joints

___ Arthritis

___ Stiffness/limitation of movement

___ Pain or aches in muscles

___ Feeling of weakness/tiredness

TOTAL _____

SKIN

___ Acne

___ Hives, rashes, or dry skin

___ Hair loss

___ Flushing or hot flashes

___ Excessive sweating

TOTAL _____

ENERGY/ACTIVITY

___ Fatigue/sluggishness

___ Apathy, lethargy

___ Hyperactivity

___ Restlessness

TOTAL _____

LUNGS

___ Chest congestion

___ Asthma, bronchitis

___ Shortness of breath

___ Difficult breathing

TOTAL _____

WEIGHT

___ Binge eating/drinking

___ Craving certain foods

___ Excessive weight

___ Compulsive eating

___ Water retention

___ Underweight

TOTAL _____

EYES

___ Watery or itchy eyes

___ Swollen, reddened or sticky eyelids

___ Bags/dark circles under eyes

___ Blurred /tunnel vision (does not include near/far sightedness)

TOTAL _____

MIND

___ Poor memory

___ Confusion, poor comprehension

___ Poor concentration

___ Difficulty in making decisions

___ Stuttering or stammering

___ Slurred Speech

___ Learning disabilities

TOTAL _____

OTHER

___ Frequent Illness

___ Frequent or urgent urination

___ Genital itch or discharge

TOTAL _____

GRAND TOTAL: _____

OPTIMAL is <10 **MILD TOXICITY** is 10-50 **MODERATE TOXICITY** is 50-100 **SEVERE TOXICITY** is >100