

# Ashland Integrative Care

## HEALTH PROFILE - Multiple System Questionnaire (MSQ)

|             |  |                      |  |
|-------------|--|----------------------|--|
| <b>NAME</b> |  |                      |  |
| <b>DATE</b> |  | <b>EMAIL ADDRESS</b> |  |

Rate each of the following symptoms based upon your typical health profile for the last **60 DAYS**:

*Point Scale:*    **0** - Never or almost never have the symptom    **3** - Frequently have it, effect is *not* severe  
                          **1** - Occasionally have it, effect is *not* severe    **4** - Frequently have it, effect is severe  
                          **2** - Occasionally have it, effect is severe

|   |   |
|---|---|
| <b>EXAMPLE:</b>   |   |
| Headaches   | 2 |
| <b>HEAD</b>   |   |
| Headaches   |   |
| Faintness   |   |
| Dizziness   |   |
| Insomnia  |   |
| <b>Total for section</b>  |   |
| <b>EYES</b>   |   |
| 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) |   |
| <b>Total for section</b>  |   |
| <b>EARS</b>   |   |
| Itchy ears  |   |
| Earaches, ear infections  |   |
| Drainage from ear   |   |
| Ringing in ears, popping ears, hearing loss                         |   |
| <b>Total for section</b>  |   |
| <b>NOSE</b>   |   |
| Stuffy nose   |   |
| Sinus problems  |   |
| Hay fever   |   |
| Sneezing attacks  |   |
| Excessive mucus formation   |   |
| <b>Total for section</b>  |   |
| <b>MOUTH/THROAT</b>   |   |
| Chronic coughing  |   |
| Gagging, frequent need to clear throat                              |   |
| Sore throat, hoarseness, loss of voice                              |   |
| Swollen or discolored tongue, gums, lips                            |   |
| Canker sores  |   |
| <b>Total for section</b>  |   |

|                                     |  |
|-------------------------------------|--|
| <b>SKIN</b>                         |  |
| Acne                                |  |
| Hives, rashes, dry skin             |  |
| Hair loss                           |  |
| Flushing                            |  |
| Excessive sweating                  |  |
| <b>Total for section</b>            |  |
| <b>HEART</b>                        |  |
| Irregular or skipped heartbeat      |  |
| Rapid or pounding heartbeat         |  |
| Chest pain                          |  |
| <b>Total for section</b>            |  |
| <b>LUNGS</b>                        |  |
| Chest congestion                    |  |
| Asthma, bronchitis                  |  |
| Shortness of breath                 |  |
| Difficulty breathing                |  |
| <b>Total for section</b>            |  |
| <b>DIGESTIVE TRACT</b>              |  |
| Nausea, vomiting                    |  |
| Diarrhea                            |  |
| Constipation                        |  |
| Bloated feeling                     |  |
| Belching, passing gas               |  |
| Heartburn, reflux                   |  |
| Intestinal/stomach pain             |  |
| <b>Total for section</b>            |  |
| <b>JOINTS/MUSCLES</b>               |  |
| Pain or aches in joints             |  |
| Arthritis                           |  |
| Stiffness or limitation of movement |  |
| Pain or aches in muscles            |  |
| Feeling of weakness or tiredness    |  |
| <b>Total for section</b>            |  |

|                                |  |
|--------------------------------|--|
| <b>WEIGHT</b>                  |  |
| Binge eating/drinking          |  |
| Craving certain foods          |  |
| Excessive weight               |  |
| Compulsive eating              |  |
| Water retention                |  |
| Underweight                    |  |
| <b>Total for section</b>       |  |
| <b>ENERGY/ACTIVITY</b>         |  |
| Fatigue, tired, sluggish       |  |
| Apathy, lethargy               |  |
| Hyperactivity                  |  |
| Restlessness                   |  |
| <b>Total for section</b>       |  |
| <b>MIND</b>                    |  |
| Poor memory                    |  |
| Confusion, poor comprehension  |  |
| Poor concentration             |  |
| Poor physical coordination     |  |
| Difficulty in making decisions |  |
| Stuttering or stammering       |  |
| Slurred speech                 |  |
| Learning disabilities          |  |
| <b>Total for section</b>       |  |
| <b>EMOTIONS</b>                |  |
| Mood swings                    |  |
| Anxiety/fear/nervousness       |  |
| Anger/irritability             |  |
| Panic attacks                  |  |
| Depression                     |  |
| <b>Total for section</b>       |  |
| <b>OTHER</b>                   |  |
| Frequent illness               |  |
| Frequent or urgent urination   |  |
| Genital itch or discharge      |  |
| <b>Total for section</b>       |  |
| <b>GRAND TOTAL</b>             |  |