



## MSQ - WELL ♦ BEING ASSESSMENT HEALTH SCORE

The WELL ♦ BEING ASSESSMENT helps you recognize where you are along the wellness spectrum and begins your journey through the 7 STEPS to LIVE BETTER NOW. This assessment identifies symptoms underlying causes of illness. Rate each of the following symptoms relative to the past 30 days. If you are not completing this for the first time, rate your symptoms based on the past 48 hours.

Each of the 7 steps that follow in the workbook will include an assessment that is intended to heighten your lifestyle habit awareness.

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### POINT SCALE

0 = Never or almost never have the symptom

1 = Occasionally have it, effect is not severe

2 = Occasionally have, effect is severe

3 = Frequently have it, effect is not severe

4 = Frequently have it, effect is severe

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#### DIGESTIVE TRACT

- Nausea or vomiting
- Diarrhea
- Constipation
- Bloating feeling
- Belching or passing gas
- Heartburn
- Intestinal/Stomach pain

Total \_\_\_\_\_

#### EARS

- Itchy ears
- Earaches, ear infections
- Drainage from ear
- Ringing in ears, hearing loss

Total \_\_\_\_\_

#### EMOTIONS

- Mood swings
- Anxiety, fear or nervousness
- Anger, irritability or aggressiveness
- Depression

Total \_\_\_\_\_

#### ENERGY/ACTIVITY

- Fatigue, sluggishness
- Apathy, lethargy
- Hyperactivity
- Restlessness

Total \_\_\_\_\_

#### EYES

- 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)

Total \_\_\_\_\_

#### HEAD

- Headaches
- Faintness
- Dizziness
- Insomnia

Total \_\_\_\_\_

#### HEART

- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- Chest pain

Total \_\_\_\_\_

#### JOINTS/MUSCLES

- Pain or aches in joints
- Arthritis
- Stiffness or limitation of movement
- Pain or aches in muscles
- Feeling of weakness or tiredness

Total \_\_\_\_\_

#### LUNGS

- Chest congestion
- Asthma, bronchitis
- Shortness of breath
- Difficult breathing

Total \_\_\_\_\_

#### MIND

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

Total \_\_\_\_\_

#### MOUTH/THROAT

- Chronic coughing
- Gagging, frequent need to clear throat
- Sore throat, hoarseness, loss of voice
- Swollen/dyscolored tongue, gum, lips
- Canker sores

Total \_\_\_\_\_

#### NOSE

- Stuffy nose
- Sinus problems
- Hay fever
- Sneezing attacks
- Excessive mucus formation

Total \_\_\_\_\_

#### SKIN

- Acne
- Hives, rashes or dry skin
- Hair loss
- Flushing or hot flushes
- Excessive sweating

Total \_\_\_\_\_

#### WEIGHT

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

Total \_\_\_\_\_

#### OTHER

- Frequent illness
- Frequent or urgent urination
- Genital itch or discharge

Total \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

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### KEY TO QUESTIONNAIRE

Add individual scores and total each group. Add each group score and give a grand total.

- Optimal is less than 10
- Mild Toxicity: 10-50
- Moderate Toxicity: 50-100
- Severe Toxicity: over 100