Thiamine Questionnaire

(Symptom Record)

- ❑ Depression and/or anxiety
- ❑ Nervousness
- ❑ Sugar intolerance
- ❑ Lack of appetite or excessive appetite
- ❑ Vague yet chronic chest pains or shortness of breath
- ❑ Irregular heart beat
- ❑ Chronic indigestion and/or constipation
- ❑ Intolerance to protein (meats, soybeans, milk products, fish)
- ❑ Leg cramps after exercising
- ❑ Chronic agitation and irritability
- ❑ Phobia of "crawling on your skin"
- ❑ Chronic fatigue
- ❑ Sleep apnea (breathing disturbance)
- ❑ Anger, fear, and/or paranoia
- ❑ Excessivley rapid heart beat with only mild or moderate exercise
- ❑ Lack of strength—or heaviness—in arms or legs
- ❑ Burning and/or numbness of the arms, hands, feet, and/or toes
- ❑ Enlarged heart and/or heart failure
- ❑ Chronic heartburn
- ❑ Swelling of the extremities
- ❑ Bloating after eating
- ❑ Chronic stomach ache or pain
- ❑ Attention-deficit syndrome
- ❑ Mental dullness and/or poor concentration
- ❑ Vunerablility to insect bites--particularly flea and mosquito bites
- ❑ Chronic bed wetting
- ❑ Temper tantrums and/or violent behavior
- ❑ Cravings for sugar and sweets
- ❑ Apathy or feelings of impending doom
- ❑ Eye fibrillations (twitches)
- ❑ Lack of urination
- ❑ Loss of muscle tissue in the arms or legs
- ❑ Dysmenorrhea (painful menstruation)
- ❑ Chronic eye bleeding (retinal bleeding)
- ❑ Rapidly aging skin
- ❑ Chronic nausea and vomiting
- ❑ Cold hands, ears, feet
- ❑ Sensitivity to noise
- ❑ History of bulimia
- ❑ Daily consumption of two or more alcoholic drinks
- ❑ Daily consumption of coffe or tea
- ❑ Weekly consumption of raw fish
- ❑ Chronic backaches that are unresponsive to traditional remedies
- ❑ Feeling argumentative or quarrelsome
- ❑ Low tolerance for pain

4-9 points—mild thiamine deficiency
10-20 points—moderate thiamine deficiency
21-30 points—significant thiamine deficiency
31-45 points—extreme thiamine deficiency

Doctor -- use the Symptom Record version of this form to make copies for your patients.

SYMPTOM RECORD

NAME: _____ **DATE:** _____

INSTRUCTIONS: Place a √ mark in the boxes that apply to you

- ☐ Nervousness
- ☐ Sugar intolerance
- ☐ Lack of appetite or excessive appetite
- ☐ Vague yet chronic chest pains or shortness of breath
- ☐ Irregular heart beat
- ☐ Chronic indigestion and/or constipation
- ☐ Intolerance to protein (meats, soybeans, milk products, fish)
- ☐ Leg cramps after exercising
- ☐ Chronic agitation and irritability
- ☐ Phobia of "crawling on your skin"
- ☐ Chronic fatigue
- ☐ Sleep apnea (breathing disturbance)
- ☐ Anger, fear, and/or paranoia
- ☐ Excessively rapid heart beat with only mild or moderate exercise
- ☐ Lack of strength or heaviness in arms or legs
- ☐ Burning and/or numbness of the arms, hands, feet, and/or toes
- ☐ Enlarged heart and/or heart failure
- ☐ Chronic heartburn
- ☐ Swelling of the extremities
- ☐ Bloating after eating
- ☐ Chronic stomach ache or pain
- ☐ Mental dullness and/or poor concentration
- ☐ Vulnerability to insect bites--particularly flea and mosquito bites
- ☐ Chronic bed wetting
- ☐ Temper tantrums and/or violent behavior
- ☐ Cravings for sugar and sweets
- ☐ Apathy or feelings of impending doom
- ☐ Eye fibrillations (twitches)
- ☐ Lack of urination
- ☐ Loss of muscle tissue in the arms or legs
- ☐ Dysmenorrhea (painful menstruation)
- ☐ Chronic eye bleeding (retinal bleeding)
- ☐ Rapidly aging skin
- ☐ Chronic nausea and vomiting
- ☐ Cold hands, ears, feet
- ☐ Sensitivity to noise
- ☐ History of bulimia
- ☐ Daily consumption of two or more alcoholic drinks
- ☐ Daily consumption of coffee or tea
- ☐ Weekly consumption of raw fish
- ☐ Chronic backaches that are unresponsive to traditional remedies
- ☐ Feeling argumentative or quarrelsome
- ☐ Low tolerance for pain