

# Thiamine Questionnaire

## (Symptom Record)

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