PYROLURIA QUESTIONNAIRE

Name:	Date:	Score:		
Zinc Tally Reaction:				
Retest Date:	_			
ARE YOU PYROLURIC?				
neurological sy The circulating profoundly abounder stress. In pyroluria at Vi	ymptoms that develop from g levels of pyrroles in your be normal, but in all cases, these f you score 15 or more, it w	will help you identify the physical and losing large amounts of B6 and zinc. body may be slightly elevated or se levels rise even more when you are will be worth your while to be tested for New Jersey (See Resources Document)—al repair.		
Yes No	evelaches or do voi	amount of head hair, eye-brows, or have prematurely gray hair?		
	3. When you were young,	did you sunburn easily? Do you have		
	4. Are you becoming more	e of a loner as you age? Do you avoid use it upsets your emotional balance?		
	5. Have you been anxious since childhood bu	s, fearful, or felt a lot of inner tension at mostly hide these inner feelings from		
	6. Is it hard to clearly rece7. Do you have bouts of d8. Do you have cluster he	all past events and people in your life? depression and/or nervous exhaustion? eadaches?		
	9. Are your eyes sensitive 10. Do you belong to an al 11. Do you get frequent co	e to sunlight? ll-girl family, or have look-alike sisters? olds or infections, or unexplained chills		
Andrewson and Andrewson	vegetarian?	protein? Have you ever been a		
	13. Did you reach puberty 14. Are there white spots/	hite or paper-thin nails?		
	15. Are you prone to acnot than a gathering of the control of the	of friends?		

Yes	No	
		18. Have you noticed a sweet smell (fruity odor) to your breath or sweat when ill or stressed?
	-	19. Do you have – or did you have, before braces – crowded upper front teeth?
		20. Do you prefer not to eat breakfast, or even experience light nausea in the morning?
		21. Do you tend to become dependent on one person whom you build your life around?
		22. Do you have a poor appetite, or a poor sense of smell or taste?
		23. Do you have any upper abdominal, splenic pain? As a child, did you get a "stitch" in your side when you ran?
		24. Do you tend to focus internally (on yourself) rather than on the external world?
		25. Do you frequently experience fatigue?
		26. Do you feel uncomfortable with strangers?
		27. Do your knees crack or ache?
	-	28. Do you overreact to tranquilizers, barbiturates, alcohol, or other drugs – that is, does a little produce a powerful
		response?
		29. Does it bother you to be seated in a restaurant in the middle of the room?
		30. Are you anemic?
		31. Do you have cold hands and/or feet?
		32. Are you easily upset (internally) by criticism?
		33. Do you have a tendency toward morning constipation?
	-	34. Do you have tingling sensations or muscle spasms in your legs or arms?
		35. Do changes in your routine (traveling, new situations) provide stress?
		36. Does your face sometimes look swollen while under a lot of stress?
		Total