

PYROLURIA QUESTIONNAIRE

Name: _____ Date: _____ Score: _____

Zinc Tally Reaction: _____

Retest Date: _____

ARE YOU PYROLURIC?

The pyroluria screening test that follows will help you identify the physical and neurological symptoms that develop from losing large amounts of B6 and zinc. The circulating levels of pyrroles in your body may be slightly elevated or profoundly abnormal, but in all cases, these levels rise even more when you are under stress. If you score 15 or more, it will be worth your while to be tested for pyroluria at Vitamin Diagnostics Lab in New Jersey (See Resources Document)—and to get on with the needed bio-chemical repair.

Yes No

- | | | |
|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1. Do you have poor dream recall or nightmares? |
| ___ | ___ | 2. Do you have a reduced amount of head hair, eye-brows, or eyelashes, or do you have prematurely gray hair? |
| ___ | ___ | 3. When you were young, did you sunburn easily? Do you have fair or pale skin? |
| ___ | ___ | 4. Are you becoming more of a loner as you age? Do you avoid outside stress because it upsets your emotional balance? |
| ___ | ___ | 5. Have you been anxious, fearful, or felt a lot of inner tension since childhood but mostly hide these inner feelings from others? |
| ___ | ___ | 6. Is it hard to clearly recall past events and people in your life? |
| ___ | ___ | 7. Do you have bouts of depression and/or nervous exhaustion? |
| ___ | ___ | 8. Do you have cluster headaches? |
| ___ | ___ | 9. Are your eyes sensitive to sunlight? |
| ___ | ___ | 10. Do you belong to an all-girl family, or have look-alike sisters? |
| ___ | ___ | 11. Do you get frequent colds or infections, or unexplained chills or fever? |
| ___ | ___ | 12. Do you dislike eating protein? Have you ever been a vegetarian? |
| ___ | ___ | 13. Did you reach puberty later than normal? |
| ___ | ___ | 14. Are there white spots/flecks on your fingernails, or do you have opaquely white or paper-thin nails? |
| ___ | ___ | 15. Are you prone to acne, eczema or psoriasis? |
| ___ | ___ | 16. Do you prefer the company of one or two close friends rather than a gathering of friends? |
| ___ | ___ | 17. Do you have stretch marks on your skin? |

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