

Name: _____

Date: _____

PYROLURIA QUESTIONNAIRE

Rate each statement that applies to you (now or in the past) on a scale of 1-10, with 1 as rare, very minimal or very slight up to 10 as being severe, constant, or intense. If a statement does not apply, mark it with a zero "0". If an answer applies only to the past, indicate this with a "P."

- ____ Anxious, fearful, or inner tension since childhood
- ____ Bouts of depression and/or nervous exhaustion
- ____ Poor or no dream recall
- ____ Nightmares, stressful, anxious or unpleasant repeating dreams
- ____ Dislike eating protein/meat or eat it only rarely, and/or feel it does not digest properly
- ____ Are a vegetarian or vegan
- ____ Prefer not to eat breakfast, may experience light nausea in the morning
- ____ Poor appetite, or a poor sense of smell or taste
- ____ Prefer the company of one or two close friends rather than a gathering of friends
- ____ Tend to become dependent on one person whom you build your life around
- ____ Becoming more of a loner and/or avoid outside stress as it upsets your emotional balance
- ____ Focus internally (on yourself) rather than on the external world
- ____ Changes in your routine (traveling, new situations) are stressful
- ____ Feel uncomfortable with strangers
- ____ Easily upset (internally) by criticism
- ____ Bothered by being seated in a restaurant in the middle of the room
- ____ Hard to recall past events and people in your life
- ____ Eyes sensitive to bright sunlight and/or noise
- ____ White spots/flecks on your fingernails, or have opaquely white or paper-thin nails
- ____ Frequent fatigue
- ____ Prone to anemia or low ferritin
- ____ Joints pop or tension-achy feeling between shoulder blades
- ____ Have, or a family member has, thyroid issues
- ____ Over-exercise (more than 1 hour a day and/or work out 7 days a week)
- ____ Frequent colds or infections
- ____ Suffer from irregular, painful, or no menstruation
- ____ Prone to acne or eczema
- ____ Stretch marks or poor wound healing
- ____ Tendency toward morning constipation
- ____ Definite breath and body odor (bad or sweet/fruity odor), especially when ill or stressed

Place a checkmark by any statements that apply to you/your family (these are not rated).

- ____ Reached puberty later than normal (14 or older)
- ____ Crowded teeth and/or need braces
- ____ Pale or fair skin, or palest in family, sunburns easily
- ____ Upper abdominal, splenic pain (left side under ribs) and/or as a child, got a "stitch" in your side as you ran
- ____ Belong to an all-girl family or have look-alike sisters, or for men: your mother is from an all-girl family or has look-alike sisters or the females all tend to look alike
- ____ Severe mood problems, mental illness, alcoholism/other addictions in your family