

"Sensitivity Questionnaire"
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People are so different. Below is a list of statements that other clients have made about themselves. Please pick a number between 0 and 10 to describe how frequently you are bothered by them. "0" means *Not ever*, and "10" means *All the time*. Please give an answer for each of the statements listed below.

SENSITIVITY (To select treatment duration and offset number): Frequency (0 – 10)

1. I feel when the weather is about to change. _____
2. I can tell if a medication is going to work. _____
3. I can sense unhealthy environments and then take care of myself. _____
4. I can sense my need for food before I feel hungry. _____
5. I can sense smells and scents that others seem not to notice. _____
6. I can feel myself getting a cold or flu prior to having symptoms. _____
7. I have a wide appreciation for tastes in different foods. _____
8. I can feel the difference between quietness and stillness. _____
9. I can feel the difference between relaxation and comfort. _____
10. I select my friends by how I feel when I'm with them rather than by appearances. _____
11. I sense mood, energy shifts and attention changes in people around me. _____
12. I need to do things at my own pace. _____
13. I am very creative. _____
14. I know quickly when something is going to work out – such as a job or relationship. _____
15. I have some abilities that some people consider psychic. _____

REACTIVITY (To assess whether extra support is needed):

1. I have unpleasant reactions to certain weather changes. _____
2. I have unpleasant reactions to certain foods. _____
3. I have unpleasant reactions to certain medications. _____
4. I have unpleasant reactions to certain smells. _____
5. I have unpleasant reactions to certain sounds and lights. _____
6. I have unpleasant reactions to skipping meals. _____
7. I can be shocked by my reactions. _____
8. My friends/family find me difficult being around. _____

HARDINESS (To assess consequences of moving too fast):

1. I feel fine with weather changes. _____
2. I have physical energy/stamina. _____
3. Thinking/planning energizes me. _____
4. I can eat any food(s). _____
5. I can take any medication(s). _____

6. It takes a lot to upset me.
7. I can work in spite of pain.
8. When life hits me hard, I recover quickly.
