

"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.

		Frequency (0 – 10)
	RESILIENCY (To assess consequences of moving too fast):	
1.	I have severe problems with the weather.	_____
2.	I have little if any of physical energy/stamina.	_____
3.	I can do little thinking/planning without getting tired.	_____
4.	I have great problems with foods.	_____
5.	I have great problems with medications.	_____
6.	I get upset easily.	_____
7.	Pain prevents me from working.	_____
8.	When life hits me hard, it take me a very long time to get back on my feet.	_____
	REACTIVITY (To assess whether extra support is needed):	
1.	I can and do have strong reactions to weather changes.	_____
2.	I have unpleasant reactions to certain foods.	_____
3.	I have unpleasant reactions to certain medications.	_____
4.	I can have unpleasant reactions to certain smells.	_____
5.	I can have unpleasant reactions to certain sounds and lights.	_____
6.	I can have unpleasant reactions to not eating when I need to.	_____
7.	I can be shocked by my reactions.	_____
8.	My friends/family have a hard time being around me.	_____
	SENSITIVITY (To select treatment duration and offset number):	
1.	I feel when the weather is about to change.	_____
2.	I can easily tell if a medication is going to work or not.	_____
3.	I can sense unhealthy environments and then take care of myself.	_____
4.	I can sense my need for food before I even feel hungry.	_____
5.	I can sense smells and scents that others seem not to notice.	_____
6.	I can feel beforehand when I'm about to come down with a cold or flu.	_____
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.	_____