

"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.

RESILIENCY (To assess consequences of moving too fast):

Frequency (0 – 10)

- | | |
|--|-------|
| 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. | _____ |