
Name

Date

"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 frequency duration and offset):

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):

Frequency (0- 10)

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):

Frequency (0- 10)

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. _____