

QUESTIONNAIRE

People are so amazingly different. To follow is a list of statements that other clients have made about themselves. Please mark each statement whether: it is true for you, it is not true for you, or if you are unsure whether the statement is true or not for you. Please give an answer for each of the statements listed below.

| SENSITIVITY | True | Unsure | Not True |
|---|------|--------|----------|
| I feel when the weather is about to change | | | |
| I can easily tell when a medication is going to work or not. | | | |
| I can sense unhealthy environments and then take care of myself. | | | |
| I can sense my need for food before I even feel hungry. | | | |
| I can sense smells and scents that other seem not to notice. | | | |
| I feel beforehand when I'm about to come down with a cold or flu. | | | |
| I have a wide appreciation for tastes in different foods | | | |
| I can feel the difference between quietness and stillness. | | | |
| I can feel the difference between relaxation and comfort. | | | |
| I select my friends by how I feel when I'm with them rather than by appearance. | | | |
| I sense mood, energy shifts, and attention changes in people around me. | | | |
| I need to do things at my own pace. | | | |
| I am very creative. | | | |
| I know quickly when something is going to work out (job/relationship). | | | |
| I have some abilities that some people consider psychic. | | | |

| REACTIVITY | True | Unsure | Not True |
|---|------|--------|----------|
| I have unpleasant reactions to certain weather changes. | | | |
| I have unpleasant reactions to certain foods. | | | |
| I have unpleasant reactions to certain medications. | | | |
| I have unpleasant reactions to certain smells | | | |
| I can have unpleasant reactions to certain sounds and lights. | | | |
| I have unpleasant reactions to not eating when I need to. | | | |
| I can be shocked by my reactions. | | | |
| My friends/family have a hard time being around me | | | |

HARDINESS

| | True | Unsure | Not True |
|---|------|--------|----------|
| I have no problems with the weather. | | | |
| I have a lot of physical energy/stamina.. | | | |
| I can do a lot of thinking/planning without getting tired. | | | |
| I have no problems with medications. | | | |
| I don't get upset easily. | | | |
| I can work in spite of pain. | | | |
| When life hits me hard, I get back on my feet nevertheless. | | | |

BEHAVIORAL SUPPRESSION

| | True | Unsure | Not True |
|--|------|--------|----------|
| Certain unpredictable things used to have a big effect on me, but no longer do.. | | | |
| I have almost forgotten how embarrassing things used to be for me. | | | |
| My friends/family used to have a hard time being around me. | | | |
| I'm not troubled by any emotions/feelings. | | | |
| In the past I had problems like migraine/tics/seizures/explosive episodes that I no longer have. | | | |

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