

ENVIRONMENTAL SENSITIVITY: A SURVEY

INVESTIGATION OF HUMAN FACTORS

The intent of this survey is to glean information concerning factors in a person's background and his/her likelihood to be particularly 'sensitive' in some way.

The findings to date have been presented in papers published by Michael Jawer and are examined in more detail in the book *The Spiritual Anatomy of Emotion*.

Regardless of whether you consider yourself sensitive or not, your participation is encouraged. The more data that is compiled, the stronger the investigation will be.

Please answer honestly and matter of factly. While the nature of this survey makes it necessary to ask some rather personal questions, **please know that your responses will be combined with those of other anonymous respondents – and kept confidential.**

Send your completed survey to Michael Jawer at 8624 McHenry Street, Vienna Virginia USA 22180. And thank you for participating!

1) Your age: ____ (years)

2) Gender: Male ____ Female ____

3) Are you currently (check one): Married ____ Divorced or separated ____
In long-term partnership ____ Single; never married ____ Widowed ____

4) Do you have children? (biological, not adopted) Yes ____ No ____

5) If so, what are their ages and genders?

Child one: age ____ M ____ or F ____

Child two: age ____ M ____ or F ____

Child three: age ____ M ____ or F ____

Child four: age ____ M ____ or F ____

Child five: age ____ M ____ or F ____

Child six: age ____ M ____ or F ____

6) Highest educational level attained (check one):

Some high school ____ College graduate ____

High school graduate ____ Post graduate work ____

Some college ____ Graduate degree(s) ____

7) Height: ____ feet ____ inches

8) Weight: ____ pounds

9) Natural hair color: ___ Brown ___ Black ___ Blonde ___ Red

10) Eye color: ___ Brown ___ Blue ___ Green ___ Hazel

11) How would you describe your body type? Please mark one of the numbers below:

Thin Wide

1 2 3 4 5

12) Are you right-handed? _____ Left-handed? _____ or Ambidextrous? _____

13) How would you describe your tendency toward imagination? Please mark one of the numbers below:

Think Literally Think Imaginatively

1 2 3 4 5

14) How would you describe your 'native' temperament? Please mark one of the numbers below:

Inward Looking Outward Looking

1 2 3 4 5

15) How would you describe your emotional style (when relating to others)? Please mark one of the numbers below:

Restrained Emotive

1 2 3 4 5

16) Does any of your senses function below normal? Please check any or all of the lines below that indicates a below-average sense, or leave blank if not applicable:

Eyesight _____ Hearing _____ Smell _____ Taste _____ Touch _____

17) If yes to any of the items in question 16, approximately how old were you when this sense (these senses) were noticeably under-performing?

Age _____ Don't recall _____

18) Do you consider yourself to have either a poor awareness of your body in space, a poor integration of your senses, or a general and persistent clumsiness?

Yes _____ No _____

19) If yes to above, approximately how old were you when this limitation became apparent?

Age _____ Don't recall _____

20) Do you play a musical instrument or do you engage in artistic creation?

Yes, extensively _____ Yes, occasionally _____ No _____

21) How satisfied are you with the level of physical/sexual contact in your life? Please mark one of the numbers below:

Unsatisfactory _____ Ideal _____
1 2 3 4 5

22) How would you rate the quality of your close personal relationships? Please mark one of the numbers below:

Unsatisfactory _____ Ideal _____
1 2 3 4 5

23) How many siblings do you have? _____

24) Please indicate birth order, i.e., what 'number' sibling are you? _____

25) To your knowledge, were you born prematurely?

Yes _____ No _____ Not sure _____

26) To your knowledge, were you a late arrival?

Yes _____ No _____ Not sure _____

27) If yes to either question 25 or 26, approximately how long before or after your due date were you born? (leave blank if unsure)

Within 1-2 weeks _____ 3-4 weeks _____ More than a month _____ Not sure _____

28) To your knowledge, were you delivered by C-Section?

Yes _____ No _____ Not sure _____

29) Were you raised by, or are you now living with, an adoptive family?

Yes _____ No _____

30) How would you rate your childhood? Please mark one of the numbers below:

Wonderful _____ Extremely Unhappy _____
1 2 3 4 5

31) As a child, did you have an imaginary companion? Yes _____ No _____

32) If yes to question 31, approximately how old were you at the time?

Age _____ Don't recall _____

33) Was there any particular event or experience in childhood or adolescence that could be characterized as 'traumatic,' i.e. physically threatening or emotionally wrenching? **(If no, leave blank and skip to question 38.)** If yes, please describe below.

34) Please indicate if the situation was:

One time _____ Sporadic _____ Frequent or Continuous _____

35) How old were you at the time? Age (or age range) _____

36) Which of the following terms accurately describes your reaction or feelings *at the time?* (as opposed to years later) Check as many as apply. If you cannot recall, simply indicate.

Fright/terror _____ Sadness _____
Shock/numbing _____ Anger _____
Physical pain _____ Impulse to escape _____
Hysteria _____ Resignation _____
Determination to defend self/fight back _____

If you do not believe you can accurately remember, check here _____

37) Please add anything else that might be relevant in characterizing the traumatic situation.

38) Have you ever had a major surgical procedure performed? **(If no, skip to question 41.)**

Yes _____ No _____

39) If yes, how many major operations have you been through?

One _____ Two _____ Three _____ More _____

40) What age(s) were you at the time? _____ (age) _____ (age) _____ (age)

41) Have you ever been affected by any of the following? (check any that apply; if not, leave blank):

- | | |
|---|--|
| Asthma _____ | Depression/mood imbalance _____ |
| Allergies _____ | Chronic fatigue/exhaustion _____ |
| Migraine headaches _____ | Fibromyalgia/chronic pain _____ |
| Persistent skin condition/rash _____ | Irritable bowel _____ |
| Sleep disorder _____ | Multiple chemical sensitivity _____ |
| Nightmares _____ | Electrical sensitivity _____ |
| Eating disorder _____ | Hyperactivity/Attention deficit disorder _____ |
| Hypertension _____ | Seasonal affective disorder _____ |
| Panic attacks _____ | Autonomic glandular disorder _____ |
| Flashbacks _____ | Alcoholism _____ |
| Dyslexia _____ | Schizophrenia _____ |
| Autism _____ | Asperger's Syndrome _____ |
| Unusual sensitivity to light or sound _____ | Epilepsy _____ |
| Synesthesia (overlapping senses, such as seeing sounds or tasting shapes) _____ | |
| Sensory processing disorder _____ | |
| Other (please describe) _____ | |

42) If you checked 'synesthesia' above, please indicate what form of the condition you have.

43) Of the conditions checked, please indicate which one(s) you have been *diagnosed* as having by a physician. Or, if you have *not* been diagnosed with any of the conditions, please note below.

I have been diagnosed as having:

- | | |
|-----------------|-----------------|
| Condition _____ | Condition _____ |

OR

I have not been diagnosed with any of the above conditions. _____

44) To your knowledge, has a family member (child, sibling, parent, grandparent, aunt or uncle, first cousin) suffered from one of the conditions listed in question 41?

Yes _____ No _____ Not sure _____

48) Please rank the severity of the condition(s) noted in the previous item on a scale of 1 ('mild') to 5 ('severe'):

Condition one: Severity _____
Condition two: Severity _____
Condition three: Severity _____
Condition four: Severity _____
Condition five: Severity _____
Condition six: Severity _____
Condition seven: Severity _____
Condition eight: Severity _____
Condition nine: Severity _____

49) Are you aware if there was any 'trigger' event or exposure that might have brought on the condition(s) noted above? If not, leave blank. If yes, please describe briefly below.

50) Have you ever been struck by lightning or suffered a severe electric shock?

Yes _____ No _____

51) If yes, approximately what age were you when the electric shock took place?

Age _____

52) Does your presence ever appear to affect electrical or mechanical devices (such as watches, computer monitors, home appliances, automobile ignitions, etc.) ?

Yes _____ No _____ **(If no, skip to question 55)**

53) If yes, please note which device(s) and describe, if possible, the circumstances below.

54) At what age did you first start to notice this apparent effect?

Age _____ Don't recall _____

55) Did the effect begin occurring before or after the 'trigger event' you may have noted in your response to question 49?

Before _____ After _____ Unsure _____

56) Are you physically affected in advance by changing weather, such as approaching thunderstorms?

Yes _____ No _____ Unsure _____

57) Have you ever taken any type of medication for more than 6 months?

Yes _____ No _____

58) If yes to above, indicate medication(s):

Drug one _____
Drug two _____
Drug three _____
Drug four _____
Drug five _____

59) If yes to question 57, please indicate to the best of your recollection the age range at which you were/are taking the medication(s):

Age during use (drug one) _____
Age during use (drug two) _____
Age during use (drug three) _____
Age during use (drug four) _____
Age during use (drug five) _____

60) Have you ever seen, heard, smelled or felt something in your presence that you couldn't verify was physically there?

Yes _____ No _____ Unsure _____

61) **If no to above, skip to final question 70.** If yes, briefly describe the sensation or phenomenon experienced.

62) Please indicate what time of day this experience took place, and what time of year.

Time of Day

Time of Year

Morning _____

Winter _____

Afternoon _____

Spring _____

Evening _____

Summer _____

Overnight _____

Fall _____

Can't recall _____

Can't recall _____

No pattern _____

No pattern _____

63) Approximately what age were you when you had this experience (these experiences)?

Age _____

64) Has this experience or something similar to it recurred?

Yes _____

No _____

Not sure _____

65) If yes, how frequently has this type of experience recurred?

Once _____

Rarely _____

Intermittently _____

Frequently _____

66) If yes to question 64, indicate what time of day and what time of year the recurring experience took place. (If recurrence has been more frequent, indicate time of day and time of year only if you can discern any commonality.) Leave blank if you are unsure.

Time of day: _____

Time of year: _____

67) If yes to question 64, briefly describe the sensation or phenomenon experienced (if different from your answer to question 61):

68) Has anyone you know (even a pet) reacted similarly in the circumstances you described?

Yes _____

No _____

Unsure _____

69) If yes, what is the relationship between you and the person(s) or animal(s) involved? (Check as many as are appropriate)

Immediate family _____ Other relative _____
Friend _____ Pet _____
Other (please describe) _____

70) Is there anything further you would like to add that might be relevant to this survey?

Thank you very much for your time and interest in taking this survey. Your responses will provide an extremely helpful base of information to assess the relation between personal history and environmental sensitivity. All information provided will remain confidential.

In future, if you are willing to grant us a follow-up interview, please give your permission by filling in the portion below. We will hold your name and address in confidence, and contact you only if we wish to speak with you personally. If you would rather not, simply leave this area blank.

Name _____

Address _____

Phone _____ Email _____

I give my permission for Michael Jawer, the author of this survey, and/or his associates, to contact me in relation to this survey for the purpose of scheduling a follow-up interview. I understand all information provided, whether in writing or in person, will remain strictly confidential.

Signature _____ Date _____