

**ENVIRONMENTAL SENSITIVITY: A SURVEY
INVESTIGATION OF HUMAN FACTORS**

This survey is intended to glean information concerning factors in a person's background and his/her likelihood to be particularly "sensitive" in some way.

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.

Completed surveys should be mailed to the survey's author, Michael Jawer, at 8624 McHenry Street, Vienna VA 22180. If you have any questions, please email mjawer2001@yahoo.com. Thank you very much 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) How would you describe your body type? Please mark one of the numbers below:

Thin					Wide
1	2	3	4	5	

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

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

Think Literally					Think Imaginatively
1	2	3	4	5	

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

Inward Looking					Outward Looking
1	2	3	4	5	

13) 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	

14) Please note your interests or hobbies below: (list up to 4)

Hobby or interest one: _____

Hobby or interest two: _____

Hobby or interest three: _____

Hobby or interest four: _____

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

Yes, extensively _____ Yes, occasionally _____ No _____

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

Unsatisfactory					Ideal
<hr/>					
1	2	3	4	5	

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

Unsatisfactory					Ideal
<hr/>					
1	2	3	4	5	

18) How many siblings do you have? _____

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

20) To your knowledge, were you born prematurely? Yes _____ No _____ Not sure _____

21) To your knowledge, were you a late arrival? Yes _____ No _____
Not sure _____

22) If yes to either question 20 or 21, 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 _____ Unsure _____

23) To your knowledge, were you delivered by C-Section? Yes _____ No _____
Not sure _____

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

Yes _____ No _____

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

Wonderful					Extremely Unhappy
<hr/>					
1	2	3	4	5	

26) 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 31.*** If yes, please describe below.

27) Please indicate if the situation was:

One time _____ Sporadic _____ Frequent or Continuous _____

28) How old were you at the time?

Age (or age range) _____

29) 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 _____

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

31) Have you ever had a major surgical procedure performed in a hospital? (***If no, skip to question 34***)

Yes _____ No _____

37) If you checked off an item in question 34, over how long a period of time has this condition (these conditions) affected you?

Condition checked _____	Length of time _____
Condition checked _____	Length of time _____
Condition checked _____	Length of time _____
Condition checked _____	Length of time _____
Condition checked _____	Length of time _____
Condition checked _____	Length of time _____
Condition checked _____	Length of time _____

38) 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 _____

39) 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.

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

Yes _____ No _____

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

Age _____

42) 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 46)*

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

44) How long ago did you first start to notice this apparent effect? _____

45) Did the effect begin occurring before or after the 'trigger event' you may have noted in your response to question 39?

Before _____ After _____ Unsure _____

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

Yes _____ No _____ Unsure _____

47) Have you ever been in psychotherapy? Yes _____ No _____

48) If yes, briefly indicate the reason(s) for psychotherapy:

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

Yes _____ No _____

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

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

51) If yes to question 49, please indicate to the best of your recollection over what dates you were/are taking the medication(s):

Dates of use (drug one) _____
Dates of use (drug two) _____
Dates of use (drug three) _____
Dates of use (drug four) _____
Dates of use (drug five) _____

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

Yes _____ No _____ Unsure _____

53) *If no to above, skip to final question 62.* If yes, briefly describe the sensation or phenomenon experienced.

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

<u>Time of Day</u>	<u>Time of Year</u>
Morning _____	Winter _____
Afternoon _____	Spring _____
Evening _____	Summer _____
Overnight _____	Fall _____
Can't recall _____	Can't recall _____
No pattern _____	No pattern _____

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

Age _____

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

Yes _____ No _____ Not sure _____

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

Once ____ Rarely ____ Intermittently ____ Frequently ____

58) If yes to question 56, 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: _____

59) If yes to question 56, briefly describe the sensation or phenomenon experienced (if different from your answer to question 52):

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

Yes ____ No ____ Unsure ____

61) 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) _____

62) 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 _____