

EVALUATING YOUR LEVEL OF SUGGESTIBILITY.

Suggestibility Questionnaire #1	YES	NO
1. Have you ever walked in your sleep during your adult life?	<input type="checkbox"/>	<input type="checkbox"/>
2. As a teenager, did you feel comfortable expressing your feelings to one or both of your parents?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a tendency to look directly into a person's eyes and/or move closely to them when discussing an interesting subject?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel that most people, when you first meet them, are uncritical of your appearance?	<input type="checkbox"/>	<input type="checkbox"/>
5. In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating conversation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel comfortable holding hands or hugging someone you are in a relationship with in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>
7. When someone talks about feeling warm physically, do you begin to feel warm also?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you tend to occasionally tune out when someone is talking to you because you are anxious to come up with your side, and, at times, not hear what the other person said?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel that you learn and comprehend better by seeing and/or reading than by hearing?	<input type="checkbox"/>	<input type="checkbox"/>
10. In a new class or lecture situation, do you usually feel comfortable asking questions in front of the group?	<input type="checkbox"/>	<input type="checkbox"/>
11. When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you enjoy relating to children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you find it easy to be at ease and comfortable with your body movements, even when faced with unfamiliar people and circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you prefer reading fiction rather than non-fiction?	<input type="checkbox"/>	<input type="checkbox"/>
15. If you were to imagine sucking on a sour, bitter, juicy yellow lemon, would your mouth water?	<input type="checkbox"/>	<input type="checkbox"/>
16. If you feel that you deserve to be complimented for something well done, do you feel comfortable if the compliment is given to you in front of others?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel that you are a good conversationalist?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you feel comfortable when complimentary attention is drawn to your physical body or appearance?	<input type="checkbox"/>	<input type="checkbox"/>

Suggestibility Questionnaire #2

	YES	NO
1. Have you ever awakened in the middle of the night and felt that you could not move your body and/or talk?	<input type="checkbox"/>	<input type="checkbox"/>
2. As a child, did you feel that you were more affected by your parent's tone of voice, than by what they actually said?	<input type="checkbox"/>	<input type="checkbox"/>
3. If someone you are associated with talks about a fear that you have experienced before, do you have a tendency to have an apprehensive or fearful feeling also?	<input type="checkbox"/>	<input type="checkbox"/>
4. After having an argument with someone, do you have a tendency to dwell on what you could or should have said?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you tend to occasionally tune out when someone is talking to you and, therefore, do not hear what was said because your mind drifts to something totally unrelated?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you sometimes desire to be complimented for a job well done, but feel embarrassed or uncomfortable when complimented?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you often have a fear or dread of not being able to carry on a conversation with someone you've just met?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel self-conscious when attention is drawn to your physical body or appearance?	<input type="checkbox"/>	<input type="checkbox"/>
9. If you had a choice, would you rather avoid being around children most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that you are not relaxed or loose in body movements, especially when faced with unfamiliar people or circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you prefer reading non-fiction rather than fiction?	<input type="checkbox"/>	<input type="checkbox"/>
12. If someone describes a very bitter taste, do you have difficulty experiencing the physical feeling of it?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you generally feel that you see yourself less favorable than others see you?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you tend to feel awkward or self-conscious initiating touch (holding hands, kissing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
15. In a new class or lecture situation, do you usually feel uncomfortable asking questions in front of the group, even though you may desire further explanation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel uneasy if someone you have just met looks you directly in the eyes when talking to you, especially if the conversation is about you?	<input type="checkbox"/>	<input type="checkbox"/>
17. In a group situation with people you have just met, would you feel uncomfortable drawing attention to yourself by initiating a conversation?	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are in a relationship, or are very close to someone, do you find it difficult or embarrassing to verbalize your love for them?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: Give yourself 10 points for each 'YES' on questions 1 and 2. Give yourself 5 points for the other 'YES' answers. **TOTALING:** Send you total score from #1 and your total score from #2 (do not add the two forms together) via email: valerie@theflowcenter.com. For example, your totals would be something like this #1 85, #2 45; or #1 40, #2 90.