

# A SURVEY INQUIRY INTO EXCEPTIONALLY PERCEPTIVE CHILDREN

This survey is intended to glean information concerning highly perceptive children and their exceptional experiences/capabilities. The survey is by Michael Jawer, a researcher and author of the book *The Spiritual Anatomy of Emotion*. He is collaborating with Dr. Athena Drewes, licensed child psychologist and founder of the Perceptive Children Support Forum.

Please answer honestly and matter-of-factly. Your responses will be combined with those of other anonymous respondents – and kept confidential. Thank you for participating!

- 1) Your child's age: \_\_\_\_\_
- 2) Child's gender: Female \_\_\_\_\_ Male \_\_\_\_\_
- 3) Is your child right-handed? \_\_\_\_\_ Left-handed? \_\_\_\_\_ or Ambidextrous? \_\_\_\_\_
- 4) Please indicate birth order, i.e., what 'number' sibling is s/he? \_\_\_\_\_
- 5) Was s/he born prematurely? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Was s/he a late arrival? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Was s/he delivered by C-Section? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_
- 8) To what extent would you say this child empathizes with others/understands how they're feeling? Write in a number, on a 1-5 scale, 1 being "S/he doesn't generally empathize with other people" and 5 being "S/he is one of the most empathetic people I know." \_\_\_\_\_
- 9) Does s/he have, or did s/he have an imaginary companion? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) If yes to above, at what age or over what ages was this companion mentioned? \_\_\_\_\_
- 11) Has s/he ever been affected by any of the following? (**Check any that apply. If none do, skip to Q 14.**)

Asthma	_____	Skin condition/rash	_____
Allergies	_____	Chronic fatigue	_____
Migraine headaches	_____	Fibromyalgia/chronic pain	_____
Irritable bowel	_____	Multiple chemical sensitivity	_____
Synesthesia (overlapping senses, such as hearing a color or tasting a shape)	_____		
- 12) To your knowledge, has another close family member (sibling, parent, grandparent, aunt or uncle, first cousin) suffered from one of the conditions listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

13) If yes to above, who is/was that family member(s) and what is/was the condition?

Relation _____	Condition _____
Relation _____	Condition _____
Relation _____	Condition _____
Relation _____	Condition _____
Relation _____	Condition _____
Relation _____	Condition _____

14) Has your child ever experienced something that could be characterized as ‘traumatic,’ i.e. physically or emotionally wrenching? *(If no, leave blank and skip to Q 23.)* If yes, please describe:

---

---

---

---

15) How old was the child at the time of the trauma? Age (or age range) \_\_\_\_\_

16) Has s/he ever had a major surgery performed? Yes \_\_\_\_\_ No \_\_\_\_\_

17) Does your child’s presence ever appear to affect electrical or mechanical devices (such as lamps, watches, computers, home appliances, or lights)? Yes \_\_\_\_\_ No \_\_\_\_\_

18) Does s/he seem to feel or sense energy emanating from other people? Yes \_\_\_\_\_ No \_\_\_\_\_

19) Does s/he have the seeming ability to read people’s minds, as if they somehow thoughts are telegraphed? Yes \_\_\_\_\_ No \_\_\_\_\_

20) Has s/he ever appeared to sense an apparition, i.e., seen, heard, smelled or felt something that no one could verify was physically there? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_  
*(If no or unsure, please skip to Q 22.)*

21) If yes to above, briefly describe the situation:

---

---

---

---

22) 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. 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 address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_