



## WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

### LENS SENSITIVITY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

People are very different. Below is a list of statements that other clients have made about themselves. Please pick a number between 0 and 10 to describe how frequently you are aware of them or bothered by them. Please give an answer for each of the statements listed below.

#### SENSITIVITY

Never

Often

0 1 2 3 4 5 6 7 8 9 10

I feel when the weather is about to change.

I can tell if a medication is going to work.

I can sense unhealthy environments and then take care of myself.

I can sense my need for food before I feel hungry.

I can sense smells and scents that others seem not to notice.

I can feel myself getting a cold or flu prior to having symptoms.

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 am with them, rather than by appearances.

I sense mood, energy shifts and attention changes in people.

I need to do things at my own pace.

I am very creative.

I know quickly when something is going to work out, such as a job or relationship.

I have some abilities that some people consider psychic.

## LENS Sensitivity Questionnaire – page 2

### REACTIVITY

Never  
0 1 2 3 4 5 6 7 8 9 10  
Often

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 have unpleasant reactions to certain sounds and lights.

I have unpleasant reactions to skipping meals.

I can be shocked by my reactions.

My friends/family find me difficult being around.

### HARDINESS

Never  
0 1 2 3 4 5 6 7 8 9 10  
Often

I have severe problems with the weather.

I have little if any physical energy/stamina.

I can do little thinking/planning without getting tired.

I have great problems with foods.

I have great problems with medication(s).

I get upset easily.

Pain prevents me from working.

When life hits me hard, it takes me a very long time to get back on my feet.