

LENS Central Nervous System (CNS) Questionnaire

Name:										Date:	Date:			
Are you able to drive a motor vehicle? Are you able to work or study? Are you able to sustain a close relationship with someone										Yes Partia Yes Partia O with someone? Yes Partia	lly No			
•		•	•			•			•	any of the following issues? Also, please indic parents experienced the same issue(s).	ate if your			
SENSOR Never 0 1	2	3	4	5	6	7	8	9	Often 10	Light, in general, or lights bother you Problems with the sense of smell Problems with vision Problems with hearing Experiencing Tinnitus If yes, how long? Problems with the sense of touch	Suddenly	Parents		
Never 0 1	2	3	4	5	6	7	8	9	Often 10	Sudden, unexplained changes in mood Sudden, unexplained fearfulness Unexplained spells of depression Unexplained spells of elation Problems with explosiveness Suicidal thoughts or actions	Suddenly	Parents		
CLARITY Never 0 1	7	3	4	5	6	7	8	9	Often 10	Feel "foggy" and have problems with clarity Problems following conversations (with good hearing) Problems with confusion Problems following what you are reading	Suddenly	Parents		

