```
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```


## LENS Central Nervous System (CNS) Questionnaire

Name: $\qquad$ Date: $\qquad$
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?

| $\square$ Yes | $\square$ Partially | $\square$ No |
| :--- | :--- | :--- |
| $\square$ Yes | $\square$ Partially | $\square$ No |
| $\square$ Yes | $\square$ Partially | $\square$ No |

How frequently are you currently bothered by any of the following issues? Also, please indicate if your issue(s) came on suddenly, and whether your parents experienced the same issue(s).

## SENSORY



## EMOTIONS



## CLARITY



| Realize you have no idea what you have just read | $\square$ |
| :--- | :--- |
| Problems with concentration | $\square$ |
| Problems with attention | $\square$ |
| Problems with sequencing | $\square$ |
| Problems with prioritizing | $\square$ |
| Problems not finishing what you start | $\square$ |
| Problems organizing your room, office, paperwork | $\square$ |
| You cover up that you don't know what was | $\square$ | said or asked of you

## ENERGY



## ACTIVATION/ANXIETY



## MEMORY



