

LENS Central Nervous System (CNS) Questionnaire

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me: Date:				
Are you able to drive a motor vehicle?	Yes	Partially	No	
Are you able to work or study?	Yes	Partially	No	
Are you able to sustain a close relationship with someone?	Yes F	Partially	No	
How frequently are you currently bothered by any of the following iss issue(s) came on suddenly, and whether your parents experienced t	· ·		if your	
SENSORY Never Often 0 1 2 3 4 5 6 7 8 9 10		Suc	ddenly	Parents
Light, in general, or lig Problems with the sen Problems with vision Problems with hearing Experiencing Tinnitus	se of smell	1		
If yes, how long? Problems with the sen	se of touch			
EMOTIONS Never Offen		Suc	ddenly	Parents
0 1 2 3 4 5 6 7 8 9 10 Sudden, unexplained Sudden, unexplained Unexplained spells of Unexplained spells of Problems with explosiv Suicidal thoughts or according to the specific speci	fearfulness depression elation reness	nood		
CLARITY Never Often 0 1 2 3 4 5 6 7 8 9 10 Feel "foggy" and have Problems following co (with good hearing) Problems with confusion Problems following when the confusion of	nversations on	th clarity	ddenly	Parents

