

# WHITE OAK Counseling and Recovery

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### 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.
											l 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.
											l 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.
											l am very creative.
											l know quickly when something is going to work out, such as a job or relationship.
											I have some abilities that some people consider psychic.

## REACTIVITY

Never			•		_	,	_	•	_	Often	
0	I	2	3	4	5	6	/	8	9	10	
											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

11/11/1		LU	,								
Never										Often	
0	1	2	3	4	5	6	7	8	9	10	
											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).
											l 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.