Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax:269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.com

# About the LENS

(Low Energy Neurofeedback System)

## Information and Treatment Consent for Child and Adolescents

### Informed Consent

You are seeking the LENS (*Low Energy Neurofeedback System*, a form of biofeedback) treatment for a problem your child is experiencing. Although various forms of LENS has been used since 1990, the current LENS configuration has been used since 1998 with enough success to warrant respect from former and current patients, as well as from some of the top scientific institutions in the U.S., although controlled studies are only now being performed.

Although no significant negative side effects have been observed so far, the non-significant ones that we have seen will be listed later. Your understanding of them will help you work with us to provide successful treatment for your child. As with any treatment, you must be comfortable that while the overall record of the use of LENS is quite successful, there can be no guarantee of success in your child's particular instance. You are therefore invited to consent for your child to be treated on the basis of this information. Before you give your consent to be treated, we want you to read the following and ask as many questions as are necessary for you to understand this process.

1. The LENS is not psychotherapy, although the results can sometimes evoke both negative and positive feelings. If your child is engaged in counseling or psychotherapy, it will probably be necessary for him/her to stay in close contact with the therapist.
2. The LENS is not a medical treatment and is no substitute for effective standard medical treatment. If your child needs medical treatment, you are encouraged to seek it.
3. The LENS is optional, for non-life-threatening conditions.
4. If your child is taking the following medicines, it will be necessary to stay in close contact with the prescribing physician(s). It has been observed, so far, that the need for these medications often decreases. They remain in your child's system unused, and people often start experiencing side effects from them because of the decreasing tendency of the body to rely on them. The types of medication include:
    - medicine for sugar problems (diabetes)
    - medicine for thyroid problems
    - medicine for migraines and other headaches
    - medicine for seizure problems
    - medicine for emotional, thinking, or perceptual problems
    - medicine for movement problems and spasticity
    - medicine for low or high blood pressure
5. Anyone who is medically unstable should ask the therapist to consult your physician before you undertake this process.
6. You will be asked to report any odd or uncomfortable sensations or experiences to the therapist and to your physician.

**WHAT IS the LENS?**
The LENS involves measuring and recording electrical signals from the scalp, and using the frequencies of those brain wave signals to guide the speed of a feedback signal from a feedback unit near you. The extremely weak electromagnetic pulses come from the EEG cables and will be neither visible nor will you be able to feel them. The recorded EEG signals influence the electromagnetic feedback. The feedback, in turn, changes the quantity and frequency of the recorded brainwave signals.

In contrast to other brainwave biofeedback procedures, the LENS does not maintain that faster brain waves are better for some problems, or that slower brain waves are better for other problems. Rather, LENS supports the brainwaves, at rest, becoming quieter, and at work, more flexible in their functioning.

It has been used with more than 200,000 patients with a wide variety of symptoms, and at this time we are closely examining the short and long-term safety of this procedure.

**THE LENS PROCEDURE**
The brainwave recording process may require the use of a mild abrasive gel or witch hazel to clean the skin. After that, some electrode gel or cream will be applied to ear clip sensor, and attached to both ears, to improve the quality of the recording. A third sensor will then be pressed to your forehead or other scalp sites, and held there with a wax paste.

No needles, shocks, skin penetrating, or other invasive procedures are used. The equipment assesses a client's brainwaves -- extremely faint electrical signals measured at discrete locations on the scalp. After a short assessment of the nature of these brainwaves by a clinician, the equipment itself then generates and disburses extremely faint, battery-generated signals that the brain may respond to in beneficial ways.

During the sessions, your eyes will be closed and you will be asked to sit quietly. Your brain can detect the feedback, although you will not see anything. The speed of the feedback will be controlled by the signals picked up at the scalp.

Your only instructions will be to close your eyes and rest. You will not be asked to think of anything in particular, or to learn anything. You will be asked frequently if you are comfortable with the feedback in order to adjust it most effectively. This is a passive process. You will be asked to keep track of discomforts or side effects experienced during your treatment.

You will also be asked about your five most prominent symptoms before treatment, and asked to rank them.

In addition, you will be asked, both before treatment and every few sessions, to complete a questionnaire about your symptoms.

**DURATION**
Your child will have as many sessions as s/he needs, each session with a connect time (to the EEG) lasting between one second and several minutes duration. The rest of the session will be spent, as needed, talking about what effects, if any, the feedback has had on your child. These sessions will occur on a weekly or biweekly basis.

It is difficult to predict how many LENS sessions will be required. The following estimates are based on our experience. Some patients have needed fewer sessions, and occasionally a few more:

1. If your child's problem came on suddenly after a life of high functioning and s/he is comfortable with the longer periods of feedback, you can expect 6 – 20 sessions. This is only an average range. However, treatment may require more or less than the average figures.
2. If your child had a lifelong history of multiple problems and is very sensitive to the feedback, s/he may need over 40 sessions.
3. In a very few circumstances such as stroke, spinal cord injury, very severe head injury, or genetic physiological disturbances, the number of sessions can easily be in the hundreds of sessions to keep achieving increasing function.

## RISKS

### LOW ENERGY NEUROFEEDBACK SYSTEM (THE LENS) AND SEIZURES

The electromagnetic feedback is invisible – although the feedback signal's influence on the signals measured at the scalp (EEG) is clearly present on the screen of the video monitor.

Seizure activity has not been a primary reason to seek treatment with LENS. There have been reported seizures in those who have had prior seizures. These seizures may have initially been brought about by allergies and/or inhalant hypersensitivities, asthma, orthostatic hypotension, blood sugar changes, fatigue, overwork, scars in the brain tissue, and/or changes in medication.

LENS has never aggravated seizures.

One of the biggest sources of seizure is the hasty and medically uncontrolled decrease in anticonvulsants by the patient in attempts to decrease their side effects. We do not recommend such decreases, and urge patients to consult their physicians and our therapists about their desires to decrease their medications of any kind.

It is important that you realize that entering this treatment alone will not abruptly stop your child's seizures if s/he has a history of them. In other words, your child will continue to have seizures as s/he have had them in the past until treatment begins to take effect. Furthermore, they may be more intense for periods of two to three weeks before they decrease in severity and frequency.

This can be a cause of concern to those in your child's life, personal and professional. You are advised to speak with them about this issue and be aware of and comfortable with their potential reactions before you start.

#### Electromagnetic Field Side Effects

The long-term effects of using electrical field feedback as we use it is not well known. The intensity of our field is less than a trillionth of a watt and is on for a few seconds during each session. A background signal approximately a thousand times less than the feedback signal is also present as soon as the EEG begins to read the brainwaves.

For reference, a cellular telephone generates a signal at least millions of times greater than the power of the LENS feedback signal. *While sensitive individuals may experience temporary fatigue from the LENS, this is the worst side effect seen from the electromagnetic field on over twenty years.*

## OTHER POTENTIAL CONCERNS

#### The Stress of Change

Change, itself, can be stressful, even if it is a desired, useful and pleasant change. Even a clear reduction in anxiety has been alarming for some people if someone has had anxiety, for instances all one's life. Even beneficial change can also be too rapid for some people. While we aim to offer rapid, more economical treatment, for some people it is best to slow the progress.

#### Brief Reactions

On the rare occasions when the feedback is too intense or the feedback periods are too long, your child may feel uncomfortable, irritable, tense and/or anxious. When this happens, please tell the operator and the settings on the equipment can and will be changed to make the feedback less intense and shorter in duration, to the extent that your child is more comfortable.

#### Longer Lasting Reactions

Your child may experience one or two week periods of anger, fear, and irritability during the treatment. Your child may feel as if s/he has tremendous energy to do things, or feel very tired.

These longer-lasting reactions have especially tended to occur with particular feelings that people have been struggling to control for a long time. While these feelings can be intrusive and bothersome, it has been the experience of previous patients that they can still function. At times, however, support from your child's therapist or physician may be useful and should be relied upon.

You must report any and all medications your child uses while participating in the treatment, and are not to change medications without informing your child's therapist and physician.

**When is Something a Side Effect or a Benefit?**
While we have had experience since 1990 with the LENS and its antecedents, and are familiar with many of its benefits and side effects, it is sometimes difficult to know when a feeling, benefit, or other problem is due to the LENS, or due to something else happening, such as an on-coming cold, allergy, a stress in your life, or some other kind of physical change in your child, completely unrelated to the LENS. In addition, your child's own background can play a very big part in the kinds of feelings s/he has while receiving the LENS.

Here's a guide for thinking out what a feeling, benefit, or problem is due to: If you find yourself wondering or guessing more than three times about why your child is feeling something, it is probably due to either the LENS or another physical reason. If, on the other hand, you think you know why your child is feeling the way s/he does, trust yourself.

You do not have to know whether something may be due to the LENS, or whether it may be due to something else. If you notice something and wonder about why your child is experiencing it, make note of it for later discussion with us.

Please write notes about your observations, feelings, and questions, and bring them with you to your sessions.

**A Perspective on Side Effects from the LENS Treatment**
Although the unexpected is always a possibility, we have always found that any side effects that have occurred in the LENS treatment were already familiar ones. In other words, the feelings and medical problems that arose have always been something that the patients have experienced and have had some trouble with in the past.

Those whose medical status is unstable are advised to consult with their physician about becoming more medically stable before undertaking this treatment. The LENS tends to lower blood pressure, which can complicate some kinds of problems such as orthostatic hypotension.

It is also important to know that when the problems have occurred during the LENS treatment, many have been a fraction of their former intensity, which means that often they have been more manageable than in the past. While none of these problems have been overwhelming to patients receiving the LENS treatment, your child's comfort is of great importance to us: so sharing your feelings at any time will help make sure we can best cooperate with your therapist and/or physician.

If there is a medical emergency, call us with the particulars, including the location of the emergency room you will be going to, and when, and go there. If the clinician is informed, he or she may be able to meet you at the emergency room. An example of a problem which may need emergency care would be a severe asthma attack in someone with unstable asthma or blood sugar problems in a diabetic. These problems are usually unrelated to the reasons that a person is seeking the LENS treatment, but may none-the-less be affected. It will be useful for the emergency room physician to know about the LENS treatment and decide for him or herself whether the treatment itself may present a problem needing clinician thought.

**Between Sessions**
While many people feel energy, ease, clarity, and calmness after a LENS session, these positive feelings may initially wear off between sessions. This "wearing off" of the good feelings may cause clients to become discouraged and doubtful about their ability to finish treatment. The wearing off appears to be the brain's way of struggling to remain in the old, familiar, and dysfunctional state.
As people continue with the LENS, the period during which the positive feelings occur becomes longer and the "wearing off" periods become shorter until they no longer occur. To date there have been no exceptions to this pattern. Instead, people become clearer about the entire range of feelings they have, instead of staying numb and flat in their emotional responses.

**Problem Cycles**
Research with the LENS has shown that especially long-lived anxiety symptoms correspond with certain complex patterns of signals recordable at the scalp. Although we do have some technology to identify and develop treatment plans with these patterns of brain activity, we do not yet have the technology to easily and efficiently identify them. Therefore relief from some kinds of life-long problems is often uneven, with rises and falls in the level of the problems. The symptoms can feel sharper, at times, than they were before; they then pass, and tend to rise less in subsequent cycles of rising and fallings. It has been our experience that during

each cycle, both therapist and person receiving this treatment can become anxious and filled with doubt about the wisdom of this treatment. It is important to know that 97% of those treated have improved, while 3% have remained the same. No one has reported being worse. There is no guarantee that your child will remain free from these problem cycles.

**Considerations After Treatment**
It will be time to discontinue the LENS when your child stabilizes and achieves consistently better functioning. Your child may in rare circumstances, however, become used to the feelings that the LENS provides, and go into a slump after it is discontinued. The slumps that have occurred have lasted between a few days and a month, and have been less of a problem than those that brought people into the LENS treatment. During this period your child's body will become accustomed to being open to its own internal useful signals. Most of those who have received the LENS have continued to improve long after the LENS has ended.

**BENEFITS**
The LENS system has been shown in clinical use to bring about significant improvements in a relatively brief process of therapy in physical and emotional rehabilitation. Significantly shorter rehabilitation is of great importance in time, money, and patient hopes

- Your child may experience an end to the problems affecting him/her since a head injury and/or psychological trauma, and to the problems that have interfered with his/her ability to function in school and/or work and personal life.
- The return of clarity, energy during the day, sleeping at night, a sense of humor, motivation to get things done, ease of getting things done, memory, ability to read and listen with little or no distraction, and the absence of depression, irritability, impatience, and explosiveness have been observed repeatedly.

**ALTERNATIVES**
There are other treatment approaches to the LENS. Other forms of brainwave biofeedback, also known as EEG biofeedback, are also being used to treat the effects of head injuries. However, EEG biofeedback, which has also not been subject to controlled studies, appears to take longer, and appears considerably less effective than the LENS for problems with mood.

**PROBLEMS OR QUESTIONS**
You may ask questions at any time.

**VOLUNTARY PARTICIPATION**
You are free to withdraw your consent and discontinue participation in the treatment at any time.

**SPONSOR**
The clinician at Hoxworth Counseling Services who is certified to offer LENS include: Michelle VanderHeide. She may supervise this treatment and can be reached by telephone at (269) 205-2402 or email at michelle@hoxworthcounseling.com during the weekday hours of 9 a.m. and 5 p.m.

**CONFIDENTIALITY**
Your child's identity will not be disclosed without your separate consent, except as specifically required by law. Examples of legal requirements for breaking confidentiality are:

- under court order
- in the case of unlawful behavior
- in the case you bring legal action against the clinician or the clinician's staff

With these exceptions, any data released or published will not identify your child by name.

**LIMITATIONS OF THIS CONSENT**
This signed form may not be used as consent for any other treatment. Participation in any other treatment requires a separate form.

All procedures performed under the protocol will be conducted by individuals legally and responsibly entitled to do so.

**PERMISSION FOR TREATMENT**

I, _____, parent/guardian of _____, give my full permission to the clinicians and staff members of Horizons DRC to use any data collected during the preparation and participation in the LENS sessions, and I give up all implied and actual ownership of any data collected. I understand that when data is used, my child's confidentiality will be protected and that my child's identity will not be revealed unless required by law (as outlined above).

I acknowledge that I have been given an opportunity to ask questions regarding this new treatment and that these questions have been answered to my satisfaction.
***Initial here:_____***

I acknowledge that I have read and understand the above information, and agree to have my child participate in this treatment.
***Initial here:_____***

My consent for my child to participate in this treatment is given voluntarily and without coercion.
***Initial here:_____***

I understand that I may discontinue treatment at any time, and that I may refuse to consent without penalty.
***Initial here:_____***

I hereby give my consent for the clinicians and staff members of Hoxworth Counseling to record both benefits and unpleasant effects from LENS.
***Initial here:_____***

I acknowledge that my child has received information about the LENS and has assented to participate in treatment.
***Initial here:_____***

I have read and understood the contents of this Consent document, and consent for my child to receive this treatment.
***Initial here:_____***

_____ _____
Signature of Clinician Signature of Parent/Guardian

_____ _____
Date Date

Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax: 269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.com

**LENS Intake Form**

Name: _____ Date: _____

Most prominent problems being experienced:

_____

_____

_____

_____

_____

Been experiencing how long?

_____

_____

How were you before these problems occurred (if relevant)?

_____

_____

_____

_____

Previous symptoms throughout your entire life:

_____

_____

_____

_____

Current medication Reasons for taking Effects on you

_____

_____

_____

_____

_____

_____

## Basis for incomplete Problem Resolution:

| | | Past | Present |
|---|---|---|---|
| 1. | Unpredictable things had a big effect on me. | ☐ Y ☐ N | ☐ Y ☐ N |
| 2. | Situations were/are embarrassing for me. | ☐ Y ☐ N | ☐ Y ☐ N |
| 3. | Friends and/or family had/have a hard time being around me. | ☐ Y ☐ N | ☐ Y ☐ N |
| 4. | I was/am troubled by emotions/feelings. | ☐ Y ☐ N | ☐ Y ☐ N |
| 5. | I had/have problems like seizures, tics, migraines, headaches, cluster headaches, stuttering, Tourette's, explosiveness. | ☐ Y ☐ N | ☐ Y ☐ N |

## How much time and money have you spent on your primary problem:

_____

_____

_____

_____

## How will you know when you are done?

_____

_____

_____

_____

Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax: 269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.com

## LENS Central Nervous System (CNS) Questionnaire

Name: _____ 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 | ☐ Partially | ☐ 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

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Light, in general, or lights bother you | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with the sense of smell | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with vision | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with hearing | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Experiencing Tinnitus<br>If yes, how long?_____ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with the sense of touch | ☐ | ☐ |

### EMOTIONS

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Sudden, unexplained changes in mood | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Sudden, unexplained fearfulness | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Unexplained spells of depression | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Unexplained spells of elation | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with explosiveness | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Suicidal thoughts or actions | ☐ | ☐ |

### CLARITY

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Feel "foggy" and have problems with clarity | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems following conversations (with good hearing) | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with confusion | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems following what you are reading | ☐ | ☐ |

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Realize you have no idea what you have just read | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with concentration | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with attention | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with sequencing | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with prioritizing | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems not finishing what you start | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems organizing your room, office, paperwork | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | You cover up that you don't know what was said or asked of you | ☐ | ☐ |

## ENERGY

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with stamina | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Fatigue during the day | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Trouble sleeping at night | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems awakening during the night | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems falling asleep again | ☐ | ☐ |

## ACTIVATION/ANXIETY

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Restlessness | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Irritability | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Day Dreaming | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Worrying | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Always moving | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Cold hands or feet | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Palpitations | ☐ | ☐ |

## MEMORY

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Forget what you have just heard | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Forget what you are doing/what you need to do | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Procrastination and lack of initiative | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems not learning from experience | ☐ | ☐ |

## MOVEMENT

| Never 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 10 | | Suddenly | Parents |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems with paralysis of one or more limbs | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Problems focusing or converging the eyes | ☐ | ☐ |

Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax:269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.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 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Often 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 | | | | | | | | | | Often | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 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

| 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). |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 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. |