

Sensory Processing Questionnaire

(Given Before the work station analysis)

Name: _____

Job Title: _____

Date: _____

Circle your response

This questionnaire is for (work) wellness use only.

1. I prefer work uniform, personal protective equipment, or safety gear that is loose fitting and without tags
 - Agree
 - Disagree
2. I feel uncomfortable in crowded places or large groups
 - Agree
 - Disagree
3. When using my hands, I visually attend to what I'm doing e.g. typing
 - Agree
 - Disagree
4. When at my workstation, I can be distracted by sounds, e.g. machines/voices, that can lead to difficulty concentrating on my work
 - Agree
 - Disagree
5. Odors such as perfumes or detergents trigger physical discomfort
 - Agree
 - Disagree
6. I am distracted by window glare, overhead fluorescent bulbs or other bright light so that it impacts my vision
 - Agree
 - Disagree
7. At times, I trip or bump into things from moving too quickly
 - Agree
 - Disagree
8. I am aware of changes in my work environment that may not be noticed by others
 - Agree
 - Disagree