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Underrated
Superhero

Inclusive Sensory Needs Inventory

Helps individuals identify sensory preferences and sensitivities to inform personal self-care plans or workplace/school accommodations.

Instructions: Review each sensory category and check any experiences that apply. Add notes about triggers, preferences, or support needs. **Not scored** – for self-reflection only.

Section A – Sensory Sensitivities			
Sensory Area	Examples	Yes	No
Sound	Loud noises, high-pitched tones, overlapping conversations		
Light	Bright lights, flickering, glare		
Touch	Certain fabrics, tags, unexpected contact		
Smell	Strong perfumes, cleaning products, food odors		
Taste	Specific textures, strong flavors, temperature		
Movement	Motion sickness, escalators, spinning		
Section B – Sensory Preferences / Supports			
Sensory Area	Helpful Inputs	Yes	No
Sound	White noise, noise-cancelling headphones, music		
Light	Dim lighting, natural light, sunglasses		
Touch	Weighted blanket, soft fabrics, deep pressure		
Smell	Essential oils, fresh air, neutral scents		
Taste	Comfort foods, specific textures		
Movement	Rocking chairs, gentle swaying, stretching breaks		

Scoring Guide:

This tool is not designed to produce a numerical score. It is intended to highlight patterns, preferences, and potential areas for support. Use your responses to guide self-reflection or discussion with a clinician.

Next Steps:

1. Identify your top 3 sensory sensitivities.

2. Identify your top 3 preferred supports.

Share this information with care providers, employers, or educators to improve your daily environment.