QUESTIONNAIRE (HSP Scale)

INSTRUCTIONS: This questionnaire is completely anonymous and confidential. Answer each question according to the way you personally feel, using the following scale:

1	2	3	4	5	6	7
Not at All			**Moderately**			**Extremely**

____ 1. Are you easily overwhelmed by strong sensory input?

____ 2. Do you seem to be aware of subtleties in your environment?

____ 3. Do other people's moods affect you?

____ 4. Do you tend to be more sensitive to pain?

____ 5. Do you find yourself needing to withdraw during busy days, into bed or into a darkened room or any place where you can have some privacy and relief from stimulation?

____ 6. Are you particularly sensitive to the effects of caffeine?

____ 7. Are you easily overwhelmed by things like bright lights, strong smells, coarse fabrics, or sirens close by?

____ 8. Do you have a rich, complex inner life?

____ 9. Are you made uncomfortable by loud noises?

___ 10. Are you deeply moved by the arts or music?

___ 11. Does your nervous system sometimes feel so frazzled that you just have to go off by yourself?

___ 12. Are you conscientious?

___ 13. Do you startle easily?

___ 14. Do you get rattled when you have a lot to do in a short amount of time?

___ 15. When people are uncomfortable in a physical environment do you tend to know what needs to be done to make it more comfortable (like changing the lighting or the seating)?

___ 16. Are you annoyed when people try to get you to do too many things at once?

___ 17. Do you try hard to avoid making mistakes or forgetting things?

___ 18. Do you make a point to avoid violent movies and TV shows?

___ 19. Do you become unpleasantly aroused when a lot is going on around you?

___ 20. Does being very hungry create a strong reaction in you, disrupting your concentration or mood?

___ 21. Do changes in your life shake you up?

___ 22. Do you notice and enjoy delicate or fine scents, tastes, sounds, works of art?

___ 23. Do you find it unpleasant to have a lot going on at once?

___ 24. Do you make it a high priority to arrange your life to avoid upsetting or overwhelming situations?

___ 25. Are you bothered by intense stimuli, like loud noises or chaotic scenes?

___ 26. When you must compete or be observed while performing a task, do you become so nervous or shaky that you do much worse than you would otherwise?

___ 27. When you were a child, did parents or teachers seem to see you as sensitive or shy?

HSP Scale © 1997 E. Aron (For additional information see Aron & Aron, *JPSP*, 1997 or email aron@ic.sunysb.edu)