





## **End of Phase 1 Implementation Questionnaire**

## TRANSLATING NEUROREHABILITATION RESEARCH INTO CLINICAL PRACTICE: THE SENSe IMPLEMENT PROJECT

Please take a moment to fill out this questionnaire. We are interested to find out about your experience with using SENSe assessment methods and your current approaches to treating somatosensory loss in your clinical setting. When you have finished, please return this survey to the Associate Researcher.

Section A -	<b>Background Information</b>	1
Therapist initia	IIs_KG	Date 22/10/18
Gender:	☐ Male ☐ Female	Edward Property
Discipline:	☐ Occupational Therapy	Physiotherapy
Degree level:	☑ Bachelor's degree ☐ Doctoral	☐ Coursework Masters ☐ Masters
Years of OT/PT Experience:	20	Current Position: Grade Z Physio
Years experien working with stroke clientele		Workplace (please specify): ASAn Health Commonity Renables
How many hou	rs do you work as an OT/PT in a	a typical work week?
Have you used	SENSe Assess with SENSe equip	oment to measure upper limb sensory loss in your clients?
☑ Yes □		And the Annual Control of the Contro
If yes, please e	stimate how many stroke client	s you have used SENSe assessment measures with:
	2	Books (D. Account to the state of the state
If yes, please es	stimate how many other clients	s you have used SENSe assessment measures with:
	Catalian Commercial States	







equipment		sensory loss, would you use SENSe Assess measures and
☑ Yes	□ No	
If yes, how	often would you use SENSe Assess	measures and equipment with stroke clients?
Rarely		
✓ Sometin	nes	
☐ Often		
☐ Always		
Comments:	can be challed	uging for home based
Section E	3- Somatosensory Assessme	ents
SENSe Imple	ment project. Please answer the follov	a assessment of somatosensory loss since starting with the ving questions: or clients with stroke? Please tick one only.
□ Never	en do you assess for sensory loss to	it clients with stroke: Fleuse tick one only.
Rarely		
Once a r	month	
☐ Once a f	ortnight	
☐ Once a v	week	
☐ 2-3 time		
☐ 4-5 time		
☐ Other (p	lease specify)	
2. What clir	nical sensory assessments do you n	ormally use for clients with stroke? Please tick all that
□ None		☐ Two-point discrimination
	uch (fingertip, cotton wool)	Stereognosis/tactile object discrimination
Pressure		Proprioception/kinesthesia (limb matching)
	discrimination (e.g. test tubes)	Proprioception/kinesthesia (thumb up/down)
☐ Vibratio	n	☐ Texture discrimination (3-5 textures)
☐ Pain		☐ Other (please specify)
I   Point lo	ralization tests	







<b>3.</b> Which of the follothat apply.	owing standardise	ed somatosensory assessments do	you <b>current</b> l	<b>y</b> use? <i>Please tick all</i>
□ None		react recover guidences or level the		
	sment of Somato	sensory Performance (RASP)		
□ Nottingham Sens	ory Assessment	(NSA)		
☐ Monofilaments:	Semmes-Weinste	in or WEST hand monofilaments		
☑ Wrist Position Se	nse Test (WPST)	and the street mand monomiaments		
Tactile Discrimina				
Functional Tactile		tion Test (fTORT)		
□ Manual Form Per	rception Test (Av	res)		
SENSe Assess Kit				
,		- 1999 - Committee Landelle III		
4. For what reasons	would you condu	ict a sensory assessment? Please t	ick all that an	oply.
/ medianous			Contract Re	
Diagnosis				
Prognosis				
☑, Treatment plann				
Discharge planni	ng			
☑ Education				
☐ Other (please spe	ecify)	National and accompany was	Laboration Co.	4-1-1-1-1
		ment with the following statemen ation of stroke clients in my clinic Neither agree nor disagree		Strongly agree
E- ,	1 7 7		- Bree	
1	2	3	(4)	5
Comments:	ed nie	PP/OT		Convegelve
Please answer the fo	ollowing question.	s by indicating the level of importo	ance <u>by drawi</u>	
6. How important d	o you consider as	ssessing sensation in your practic	e?	
		Carrier Carrier Control of Contro		
Not at a	III important		Ver	y important
Comments:				







	T.			1
Not at a	  I skilled		Very	skilled
Comments:				
			12.00 - 100	
8. How confident a	re you in your al	pility to detect sensory loss?		
	h okale takah	nal il nava se propie Laboration	,	
Not at a Comments:	ll confident		Ver	y confident
				291
statements (please c		e, please indicate your level of agre conly)	content with	ine ronowing
somatosensation in		ent Project, I have gained knowle oke in a standardized way" Neither agree nor disagree	<b>dge in how to</b> Agree	Strongly agree
somatosensation in	a client with stro	oke in a standardized way"		
somatosensation in Strongly disagree	a client with stro	oke in a standardized way"  Neither agree nor disagree		Strongly agree
Strongly disagree  1  Comments:	Disagree	oke in a standardized way"  Neither agree nor disagree	Agree 4	Strongly agree
Strongly disagree  1  Comments:	Disagree	Neither agree nor disagree  3	Agree 4	Strongly agree
Strongly disagree  1  Comments:  "Since starting in the	Disagree  2  SENSe Implement	Neither agree nor disagree  3  ent Project, my method of assessi	Agree  4	Strongly agree 5 has changed"
Strongly disagree  1  Comments:  "Since starting in the Strongly disagree	Disagree  2  SENSe Implement	Neither agree nor disagree  3  Pent Project, my method of assession Neither agree nor disagree	Agree  4	Strongly agree  5  has changed"  Strongly agree







10. How satisfied are you with SENSe Assess measures overall?

Not at a	II satisfied		Ver	y satisfied
Comments:		eringa idi kan rasiya sedigira		
<b>11.</b> Please indicate y only)	your level of agre	eement with the following stateme	ents (please ci	rcle one number
" I find the Tactile D	iscrimination Te	st (TDT) useful in my clinical prac	tice"	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	streem visit shall be granted.	4	1 16-11 ob u <b>5</b> / h .E.
" I find the Wrist Po	sition Test (WPS	T) useful in my clinical practice"		
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
" I find the function	al Tactile Object	Recognition Test (fTORT) useful in	n my clinical p	oractice"
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
"Overall, I find the S	ENSe_assess me	easures useful in my clinical practi	ce"	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
vise 1	2	South area, that 3 of the exprending	(4)	5
"SENSe_assess is a g	good fit with my	clinical approach to assessment"	as troop or al	
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
			_	







12. Please indicate your level of agreement with the following statement (please circle one number only)

"I am aware of the p	ublished researd	n on assessments for somatose	nsation follow	ing stroke"
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5
Please list the types	of resources you	are aware of:	24-1	
			<del></del>	
Section C - Some	atosensory Tr	eatment		
13. Do you currently	treat sensory los	s for clients with stroke? Please	tick one only.	
Yes				
□ No				
The same of the sa	To 100 PM	ease indicate body areas that you	ı typically focu	us on
Please tick all that ap	oply. legs and feet)			
,	shoulder, arms, h	nand)		
☐ Trunk	,, .			
☐ Other (please	e specify):			
<b>15.</b> If a stroke client	has impaired bod	y sensation, how often do you tr	eat sensory in	npairment?
Please tick one only.	winds as		- i ny hôt h	
Always				
<ul><li>☐ Frequently</li><li>☐ Occasionally</li></ul>				
☐ Rarely				
□ Never				
. 12 /	lale co	chie casaload	Gass	dolla
Comments: H10	ny var	recently)	, (less	STruce
- client	more	recovery		
<b>16.</b> Please indicate y	our level of agree	ement with the following stateme	ent ( <i>please cir</i>	cle one number only,
"I believe it is my ro	e to treat somat	osensory impairments of stroke	clients in my	clinical practice"
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	(4)	5
Comments:	mbined	nce PT/OT		







<b>17.</b> Wh	ich sensory modalities do you think are important to treat in your clinical settin	g?
Please	tick all that apply.	
	None	
	Pain	
	Touch detection	
	Proprioception discrimination (position sense)	
	Hot-Cold detection/discrimination	
	Texture discrimination	
	Two-point discrimination	
	Vibration cance	
0/	Sustained pressure	
	Kinesthesia (detection of bodily position, weight, or movement of the muscles, tendons, and	
	Stereognosis/object discrimination (recognition or identification of objects by use of too	joints)
	Graphesthesia (recognition of writing on the skin by the sensation of touch)	ich)
	Other (please specify)	
_	other (please specify)	
18 For	what reasons would you troot comptons and in a simple side of the	
Please:	what reasons would you treat somatosensory impairments of the <u>upper limb</u> ? tick all that apply	
Please		
	Impact on a client's independence in activities of daily living	
	Impact on a client's life roles	
	Client safety	
	Impact on sensory capacity	
	Impact on motor function	
	Learned non-use	
	Other (please specify)	Sugara I
19. Wh	at types of somatosensory rehabilitation approaches do you currently use?	
Common Co		
	None	
	Compensatory strategies (e.g. education regarding hazards)	
	Repeated exposure to sensory stimuli	
	Sensory re-education (i.e. including feedback through vision, subjective grading of stimuli,	verbalization of
_/	sensation between both hands)	
	Somatosensory discrimination training	
	Bombardment (e.g. vibration or hot/cold)	
	Finding objects in medium such as sand or rice	
	Structured activities/games (e.g. ball work, blind dominoes)	
	Sensory rehabilitation in the context of everyday activities (e.g. dressing, cooking)	
Q	Desensitization	
	Light touch stimulation	
Date of	Match or identify textures, shapes and/or objects	
	Discrimination of limb positions and movement	
O STREET	Joint approximation	
	Weekly retesting with feedback	
	General stimulation using sensory stimuli	
	Series at standard asing serisory stimuli	
Specific	sensory rehabilitation approaches:	
	Graded sensory exercises with feedback (Yekutiel and Guttman, 1993)	
	Attended stimulation of specific body sites (Dannenbaum & Dykes, 1988).	
	, (2 & bynes, 1500).	







	Stimulus spe	PARTIES AND DESCRIPTION OF THE PROPERTY.	t al., 2003) ning (e.g. of touch sensation) (Ca ng to enhance transfer (Carey et	market and the statement of the second of the	
	SENSe senso	ry discrimination	training (Carey et. al., 2011).		
		vsion of ?!			
	17.15	r sensory rehabili			
		lectric stimulation			
			ression (Cambier, 2003)		
			and cold packs) (Chen, 2005)		
		essure splint (Poo	le, 1990)		
	Mirror thera	ру			
	Other	Please indicate	method/s in brief detail within th	his box	
					- 1000
<b>20.</b> Hov	w often would	l you conduct the	se treatments? <i>Please tick one c</i>	only.	
	Never			,	
	Rarely				
	Once a mont	th			
	Once a fortn				
	Once a week				
	2-3 times a v				
	4-5 times a v				
	Other (pleas	e specify)			
	er what timefi tick one only.	rame would you t	ypically conduct these treatmen	its with a stroke o	client?
	Never				
	Once only				
	≤ 1 week				
	1-2 weeks				
	3-4 weeks				
₹ (	5-6 weeks				
	Other:				
<b>22.</b> Ple	ase indicate y	our level of agree	ment with the following statem	ent ( <i>please circle</i>	one number only)
"The cu	urrent somato	osensory rehabili	tation approaches I use are gen	erally effective f	or most clients"
Strongl	ly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	L <sub>i</sub> v	2	3	4	5







	8		
Santa Branch of the Late Appropries			
23. Please indicate your level of agreement with	the following stateme	nt (please circ	cle one number only
"There is a need to change the current method practice"	of treating somatosen	isory impairm	nents in my
Strongly disagree Disagree Neither	r agree nor disagree	Agree	Strongly agree
1 topical subsequent 2 or the southeast of a	3	9	5
Comments:		- /	
	hugg nedfarett)	2010010	
Please indicate your response by drawing a vertion	cal line on the line was	:1-15-024	stages flat the Score
rease marcate your response by arawing a vertil	cai line on the line prov	naea for Q24-	-Q27
<b>24.</b> How important do you consider treating som	atosensory impairmer	nts in your pra	actice?
<b>24.</b> How important do you consider treating som	atosensory impairmer	nts in your pra	actice?
	natosensory impairmer	1	
<b>24.</b> How important do you consider treating som  Not at all important	÷.	Ver	
Not at all important		Ver	
Not at all important		Ver	
Not at all important		Ver	
Not at all important		Ver	
Not at all important  Comments:	an de santanten s	Ver	y important
Not at all important	an de santanten s	Ver	
Not at all important  Comments:  25. How would you rate your skill level in treating	an de santanten s	Ver	y important
Not at all important  Comments:	g sensory loss?	Very	ry important
Not at all important  Comments:  25. How would you rate your skill level in treating  Not at all skilled	g sensory loss?	Very	y important
Not at all important  Comments:  25. How would you rate your skill level in treating  Not at all skilled	g sensory loss?	Very	ry important
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Not at all important  Comments:  25. How would you rate your skill level in treating  Not at all skilled  Comments:	g sensory loss?	Very	ry important
Not at all important  Comments:  25. How would you rate your skill level in treating	g sensory loss?	Very	ry important
Not at all important  Comments:  25. How would you rate your skill level in treating  Not at all skilled  Comments:  26. How confident are you in your ability to treat	g sensory loss?	Very	y important skilled







27. How satisfied are	you with the sens	sory rehabilita	ation a	approache	s you are cur	rently co	onducting?
Netetal	ll antinfinal						
Not at a	ll satisfied			1		Very sat	istied
Comments:						15.4.	
<b>28.</b> Please indicate yo	our level of agreer	nent with the	follo	wing state	ment ( <i>please</i>	circle oi	ne number only)
"I am aware of the p stroke"	ublished research	on intervent	ions f	or somato	osensory imp	airment	s following
Strongly disagree	Disagree	Neither ag	ree no	or disagree	e Agree		Strongly agree
1	2		3		4		5
Please list the types of	of resources you a	re aware of:					
	2 - 2 - 3 - 3 - 3	1975 - 17 - 19					
					1 / 5 1 1		81. Y
-50,000							
<b>29.</b> Please indicate w Please circle one num		rmation infor	ms yo	our clinical	decision mak	king in th	nis practice:
ricuse enere one nun	iber in caen row	N	ever	Rarely	Sometimes	Often	All of the time
Experience with simil	lar clients in the pa	ast	1	2	3	4	(5)
Colleagues opinion			1	2	3	4	(5)
Research literature			1	2	3	4	5
Short courses/contin	uing professional	development	1	2	3	4	5
Text books			1	(2)	3	4	5
Undergraduate cours	se materials		1	(2)	3	4	5
Other (please specify	d:						







## Section D - Experience of using SENSe Assess

<b>30.</b> Hav	e you experienced any barriers to adopting or implementing the use	of SENSE Assess to conduct
somato	sensory assessments with stroke clients?	
	Yes	Mala Salamia
	No 249 July	off, program
If Yes, p	please tick all that apply:	
	Unsure of how to conduct assessments	The state of the s
	Unsure how to score assessments	100000
	Unable to access equipment in my working area _ home &	enviorment .
	Lack of time duffs	un.
	Lack of interest	Figures lunios
	Large caseload	
	Difficulty in setting up assessment equipment	
	Difficulty engaging clients in the SENSe Assess assessment process	
	Faults with SENSe Assess Equipment	
	Limited resources to support change in this area	
	Lack of support from colleagues	
	Lack of support from music and in a	
	Lack of support from research team	
	Other (please specify)	
	Other (please specify)	
W		<del></del>
	re you experienced any <b>enablers</b> to adopting or implementing the use sensory assessments with stroke clients? Yes No	e of SENSE Assess to conduct
	A CONTRACTOR OF THE PROPERTY O	
	please tick all that apply:	
	Ability to refer to training manual when conducting assessments	
	Ability to refer to training manual when scoring assessments  Ease of access to equipment in my working area — centre la	seed
	Ease of access to equipment in my working area — center	Sasta
	besignated time to practise assessment skills	Cu cac. 3
	Interest in somatosensory assessment	
	Manageable caseload	
Ø	Availability of instructions to set up assessment equipment	
	Interest of clients in the SENSe Assess assessment process	
	Design and use of SENSe Assess Equipment	
	Available resources to support change in this area	
	Support from colleagues	
Ø,	Support from my supervisor or management	
Ø	Support from research team	
	Other (please specify)	T BALLMAND -







Second ther apist in put useful  Time constraints can be challenging  Circ expectation to maintain case load  33. How would you rate the degree of ease when setting up the SENSeAssess equipment within your clinical setting?  Not at all easy  Please provide comments on your experiences:  Much laster with respector esp. if  Also funded to Use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences:  No you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: provides and and for freatment	32. Please comment on additional factors within your working environment that lea	ad you to feel
Selvand Ther apist in put use for  I find Constraints can be challenging  (it expectation to maintain case load  33. How would you rate the degree of ease when setting up the SENSeAssess equipment within your clinical setting?  Not at all easy  Very easy  Please provide comments on your experiences:  Much laste with the person esp. if  Also would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences:  Manal lasy  Very easy  Please provide comments on your experiences:  No  Please provide reasons:  Provides Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons:  Provides Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons:  Provides Assess to assess upper limb somatosensory impairment in the future?	supported or unsupported in your ability to conduct SENSe Assess in the way that y	ou'd like:
Not at all easy  Not at all easy  Please provide comments on your experiences:  Much Laster with 2nd person esp. if  Also hand to Use equipment  Not at all easy  Very easy  Please provide comments on your experiences:  Much Laster with 2nd person esp. if  Also hand to Use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences: Mamal halpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: Draids and Anne for freatment	Comments: Support from supervisors impossible therapist input use ful	) aut
Not at all easy  Not at all easy  Please provide comments on your experiences:  Much Laster with 2nd person esp. if  Also hand to Use equipment  Not at all easy  Very easy  Please provide comments on your experiences:  Much Laster with 2nd person esp. if  Also hand to Use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences: Mamal halpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: Draids and Anne for freatment		,
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Please provide comments on your experiences:    Mach laster with raperson esp. if   Also hained to Use equipment    Base hained to Use equipment	<b>33.</b> How would you rate the degree of ease when setting up the SENSeAssess equip clinical setting?	ment within your
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Please provide comments on your experiences:    Mach laster with raperson esp. if   Also hained to Use equipment    Base hained to Use equipment		
Much laster with 2nd person esp. if  Also trained to use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences: Mamal helpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: Praids girland for freatment	Not at all easy Very	easy
Much laster with 2nd person esp. if  Also trained to use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences: Mamal helpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: Praids girland for freatment		
Also trained to Use equipment  34. How would you rate the degree of ease in completing scoring of SENSe Assess?  Not at all easy  Very easy  Please provide comments on your experiences: mamal helpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: praidls gmanne for freatment		250
Not at all easy  Please provide comments on your experiences:  Yes  No  No  No  No  No  No  No  No  No  N		esp. 1+
Not at all easy  Please provide comments on your experiences: Mamal Welpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: praidls guidance for freatment	also trained to use equiph	rent
Not at all easy  Please provide comments on your experiences: Mamal Welpful  35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: praidls guidance for freatment		
Please provide comments on your experiences: <u>Mamal Welpful</u> 35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairment in the future?  Yes  No  Please provide reasons: <u>praidls gwaane</u> for freatment		
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Yes No Please provide reasons: provides quidance for freatment		
Yes No Please provide reasons: provides quidance for freatment		
□ No Please provide reasons: provides quidance for freatment	35. Do you intend to use SENSe Assess to assess upper limb somatosensory impairs	nent in the future?
□ No Please provide reasons: provides quidance for freatment		
Please provide reasons: provides qui dance for freatment		
	⊔ No	and the second
portion of the contract of the	Please provide reasons: provides guidance for fre	assessmer







36. As part of the Phase 2 of the SENSe implement project we want to find out how accurately SENSe therapy is being delivered. This is defined as "treatment fidelity" in the current literature.

There are several strategies recommended in the literature to help to assess and enhance the treatment fidelity process. Each strategy provides therapists with the opportunity to receive feedback on their performance and information on how they can improve their practice.

the strategies outlined b	pelow, and how	n your perspective how com $\eta$ feasible each could be to i			
Please rate the following	g:				
1) Self-evaluate own pe	erformance usin	ng pre-developed checklist	bistopologico de la companya della companya de la companya della c		
Level of comfort with pr	oposed strateg	SY.			
Not at all comfortable			Very cor	Very comfortable	
1	2	Sent T sente ya ensalos		5 vouer oubly (i	
Feasibility of implement	ting proposed s	trategy in your workplace			
Not at all feasible			Very feasible		
1	2	3	64	5	
2) Peer observation and	d feedback by S	SENSe clinician using pre-de	eveloped checklist.		
Level of comfort with pr	roposed strateg	XY .			
Not at all comfortable			Very cor	mfortable	
1	2	3	4	- 3 a 5 pag	
Feasibility of implement	ting proposed s	trategy in your workplace			
Not at all feasible			Ve	ry feasible	
1	2	3	4	5	
		7			



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3) Real time observation	n and feedba	ck by SENSe Trainer.		
Level of comfort with pr	oposed strate	egy		
Not at all comfortable	Very comfortable			
1	2	3	4	5
Feasibility of implement	ing proposed	strategy in your workplac	<u>e</u>	
Not at all feasible				Very feasible
1	2	7 (3)	4	5
4) Video recorded obser	rvation and fe			
Level of comfort with pr	oposed strate	egy		
Not at all comfortable				Very comfortable
1	2	3	4	5
Feasibility of implement	ing proposed	strategy in your workplac	<u>e</u>	
Not at all feasible	ot at all feasible			
1	2	(3)	4	5
Section E – Other				
	0	Other comments or suggest	tions:	
		Y <.		







You have come to the end of the survey. Thank you for your participation.