SensorySpace pro forma

Date: [dd/mm/yyyy]

Site: [city / area, country]

Name: __[name surname]_____ Number:__[number]____

Ink colour:_____[given pen ink colour]_____

The objective of this exercise is to capture qualitative experience of sensory space by recording your perception of sensory stimuli at points of your choice. We suggest that you investigate three different areas: shopping streets, the park around Cathedral Lodge, the road. The object of your attention may relate to a single sense or be multisensory, but whichever, the first thing to do is to mark your location on your map. Then use the questions below as prompts to help you describe your perception of the interrelationships between yourself, the sensory stimulus and the space you are in.

Please fill in the pro forma in the order you notice different stimuli rather than completing the questions in the order they appear on the form. Please use following questions as prompts.

Each coloured sticker represents a particular sense. Red stickers represent information connected to Touch, Blue – Kinaesthesia, Yellow – Sound, Green – Smell. Please use a White sticker for any sensation that you feel is not covered by the above. When working with the map, please use a sticker of the appropriate colour to mark the spot where you notice a sound, smell, etc. Number each sticker consecutively according to the order in which you experience each stimulus; e.g. G1, Y2, G3, B4. When filling in the pro forma, please write down the first letter of the colour (R for red, B for blue, Y for yellow, G for green, W for white) and the number. Please also make a note of the time. For example, G5 16:23 would relate to the green sticker with the number 5 on your map and represent your experience of smell stimuli in that spot/area at 16:23. Please record the weather, temperature and wind direction for each location. Please use the pen provided to mark your route on your map.

Kinaesthesia [Blue]

1. Be aware of how your body changes in different climatic conditions and/or depending on the surfaces with which you are in contact (e.g. walking, sitting, standing). Note whether the experience you have chosen to record is static or in movement.
2. What is the relationship of your body to the ground/objects/people?
3. How do you hold your body? Where are you holding the tension? To which parts of your body is your attention directed? Which parts of your body are moving?
4. Does the way you are holding or moving your body affect the way you feel emotionally?
5. How would you describe your bodily awareness?

Sound [Yellow]

If you choose to use an audio recording tool, please still provide a written description.

1. What can you hear? Be as specific as possible in your description of individual sounds and the whole sonic experience. Note that you will likely hear more than one sound at the same time.
2. What are the features of the sounds you hear? e.g. intensity, duration, clarity; short, sustained, loud, ambient.
3. How distinct are the sounds from one another?
4. Do you find any particular sound specifically pleasant/unpleasant? Does that sound remind you of anything or evoke other associations?
5. Can you identify the source and/or direction of the sounds? If so, what is the (approximate) distance between you and the emitter of the sound?
6. Can you feel any vibration relating to the sound? If so, where does the sensation come from (e.g. the ground, other surfaces, your body)?
7. How would you describe your sensitivity to sound?

Touch [Red]

1. Why did you choose to touch this object/surface? Which part of the body do you touch the object/surface with?
2. Please describe in as much detail as possible what you feel, bearing in mind texture(s) and temperature of the material.
3. Do you find the material pleasant/unpleasant/neutral to the touch?
4. How would you describe your sensitivity to the touch?

Smell [Green]

1. What can you smell? Be as specific as possible in your description of individual smells and the whole odour experience. Note that you may smell more than one odour at the same time.
2. What are the features of the smell? e.g. intensity, duration.
3. Do you find the smell pleasant/unpleasant/neutral?
4. Does the smell remind you of anything or evoke other associations?
5. If one smell overlaps another, how distinct are they?
6. Can you identify the source and/or direction of the odour? If so, what is the (approximate) distance between you and the emitter of the smell?
7. How would you describe your sensitivity to smell?

Other [White]

The list above is not exhaustive but if you feel anything that cannot be included within one of those senses, please use the white stickers.

e.g.:

Identifier Time Weather/temperature/wind direction

B1 16:32 Cloudy, cold, strong constant wind from the north

Description

Movement, walking across the park on the grass; springy, soft surface which allows easy walking, it becomes less linear more bouncy. My upper body is tensed because of the facing strong wind. This physical tension causes a feeling of stress, which contradicts the relaxed movement of my legs. Due to the external influences of wind and the ground, I am concentrated on the experience of my body as a whole, not of particular parts. As I am doing this exercise, I am more bodily aware than usual.

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