My Workplace Barriers Check

Use this fuller check-in to identify where work is creating difficulty. You can use your answers to prepare for an adjustment or support conversation.

Tasks

Which tasks are hardest to start, complete, remember, physically manage or recover from? Write examples:
_____

Environment

Noise, light, temperature, layout, smells, crowds, travel, accessibility or interruptions:
_____

Communication

Meetings, phone calls, verbal instructions, unclear language, processing speed or conflict:
_____

Time and workload

Deadlines, shift patterns, long days, switching tasks, unpredictable requests or insufficient breaks:
_____

Physical and energy needs

Pain, fatigue, mobility, posture, medication effects, eating/drinking or recovery:
_____

What already helps

Equipment, people, routines, remote work, written information, flexible timing or other strategies:
_____

Choose the priority

The ONE barrier I most want to address first is: _____ A change that might help is:
_____