

Sensory Questionnaire

Child's Name: _____ DOB: _____
 Completed By: _____ Date: _____



Please mark the box that best describes the frequency of the child's response when presented with the following scenarios:

	Always (100%)	Frequently (75%)	Occasionally (50%)	Rarely (25%)	Never (0%)
Tactile					
Avoids getting messy (sandbox, finger-paint)					
Dislikes grooming activities such as hair being brushed					
Prefers to wear long sleeves, even when it is warm					
Prefers to wear short sleeves or shorts, even when it is cold					
Is particular about the feel of certain fabrics					
Is sensitive to the feel of shoes or socks					
Reacts emotionally or aggressively to touch					
Does not like to snuggle or be hugged					
Pulls away from light touch					
Avoids water activities and/or bathing					
Reacts negatively to finger and/or toe nails being cut					
Rubs a spot on the body that has been touched					
Loves messy play (sandbox, finger paint, etc.)					
Likes hugs and snuggling					
Constantly seems to be touching objects					
Seems to have a decreased awareness of pain					
Seems to have a decreased awareness of temperature					
Avoids wearing shoes, loves being barefoot					
Doesn't seem to have an awareness of face or hands being messy					
Enjoys activities that could seem painful to others					

Vestibular	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Becomes anxious when feet leave the ground					
Dislikes head being upside down					
Avoids swinging					
Avoids climbing activities					
Dislikes riding in a car					
Gets motion sickness easily					
Gets dizzy easily					
Rocks body unconsciously (when watching TV, or sitting at the dinner table)					
Has difficulty sitting still, seems to be in constant motion					
Spins self frequently throughout the day					
Seeks movement throughout the day					
Enjoys fast moving or spinning rides					

Auditory	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Is frightened by normal household sounds (such as a vacuum cleaner)					
Holds hands over ears when hears a loud sound					
Has trouble focusing on a task when there is a lot of background noise					
Seems to be observant of the sounds of a refrigerator or a fan					
Appears to not hear what you say					
Does not respond when their name is called					
Seeks toys or situations that are loud					
Has difficulty understanding what you say					

Date of last hearing screening: _____

Proprioceptive:

	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Uses the right amount of force when petting an animal					
Grinds teeth					
Bumps or pushes other children					
Seems weak					
Chews on non food items					
Is accident prone					
Is cautious when moving					
Is afraid of falling					
Is afraid of heights					
Avoids uneven ground and or climbing					
Holds onto walls or banisters					
Takes risks (is a dare devil)					
Takes movement risks during play that compromise personal safety					
Seeks opportunities to fall without regard to personal safety					
Enjoys crashing					

Visual	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Prefers to be in the dark					
Avoids bright lights					
Has trouble finding things in an unorganized space such as junk drawer or backpack					
Has difficulty completing puzzles that are appropriate for their age					
Covers eyes or squints to protect eyes from light					
Avoids eye contact					
Looks intensely at objects					
Likes search and find games/puzzles					
Doesn't notice when someone comes into the room					

Date of last vision screening: _____

Multisensory	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Gets lost easily in a familiar place					
Has difficulty paying attention					
Is easily distracted					
Hangs onto people or furniture even in familiar situations					
Walks on toes					
Does not notice if clothing is not straight or on correctly					
Does not seem to be aware of what is going on around them					

Oral Sensory	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Gags easily					
Avoids certain foods that are typically part of a child's diet					
Is a picky eater					
Routinely smells non food objects					
Shows a strong preference to certain foods					
Chews or licks non food items					
Mouths objects					
Eats a wide variety of textures, tastes, and temperatures					

Foods child prefers: _____

Foods child avoids: _____

Activity Level/Endurance	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Moves stiffly					
Tires easily					
Seems to have weak muscles					
Can't lift heavy objects compared to kids the same age					
Avoids active activities					
Moves sluggishly					
Prefers quiet sitting activities					
Becomes overly excited during a movement activity					
Is "on the go"					
Avoids quiet play activities					
Prefers movement activities					

Emotional/Social/Behavior	<i>Always (100%)</i>	<i>Frequently (75%)</i>	<i>Occasionally (50%)</i>	<i>Rarely (25%)</i>	<i>Never (0%)</i>
Is overly sensitive					
Is overly affectionate with others					
Doesn't seem to perceive other's body language or facial expressions					
Has a low self esteem					
Reacts immaturely					
Is sensitive to criticism					
Has fears that are predictable					
Seems anxious					
Displays an emotional outburst when unsuccessful at a task					
Is stubborn or uncooperative					
Has difficulty tolerating changes in plans or routines					
Has temper tantrums					
Cries easily					
Gets frustrated easily					
Has difficulty making friends					
Has nightmares					
Is overly serious					
Doesn't seem to have a sense of humor					
Does not express emotions					