

Sensory Questionnaire (Infant / Toddler)

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 | | | | | |
| Resists being held or snuggling | | | | | |
| Avoids getting messy (food, sandbox, finger-paint) | | | | | |
| Dislikes grooming actives such as hair being brushed or washed | | | | | |
| Avoids having face or nose wiped | | | | | |
| Distressed when nails are trimmed | | | | | |
| Does not like bath time | | | | | |
| Avoids contact with rough or cold surfaces | | | | | |
| Becomes upset if own clothes hands and/or face become messy | | | | | |
| Gets upset by extreme differences in temperature | | | | | |
| Becomes upset when walking or crawling on certain surfaces (such as grass, carpet) | | | | | |
| Enjoys playing with food and different textures | | | | | |
| Seeks opporinuties to feel vibrations (such as washer/dryer) | | | | | |
| Enjoys using hands to explore objects | | | | | |
| Likes hugs and snuggling | | | | | |

| Vestibular | <i>Always (100%)</i> | <i>Frequently (75%)</i> | <i>Occasionally (50%)</i> | <i>Rarely (25%)</i> | <i>Never (0%)</i> |
|---|----------------------|-------------------------|---------------------------|---------------------|-------------------|
| Becomes upset during diaper changes | | | | | |
| Dislikes head being tipped back during hair washing | | | | | |
| Cries or fusses when moved | | | | | |
| Dislikes riding in a car | | | | | |
| Enjoys rhythmic activities such as swinging and rocking | | | | | |
| Enjoys bouncing | | | | | |

| 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) | | | | | |
| Tries to escape from noisy situations | | | | | |
| Requires a touch in order to get their attention | | | | | |
| Startles easily with sounds compared to other children the same age | | | | | |
| Takes a long time to respond, even to familiar voices | | | | | |
| Does not respond when their name is called | | | | | |
| Seeks toys or situations that are loud | | | | | |
| Finds ways to make noise with toys | | | | | |

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> |
|--|----------------------|-------------------------|---------------------------|---------------------|-------------------|
| Enjoys looking at moving or spinning objects | | | | | |
| Enjoys looking at shiny objects | | | | | |
| Prefers to be in the dark | | | | | |
| Avoids bright lights | | | | | |
| Avoids eye contact | | | | | |
| Refuses to look at books | | | | | |
| Does not recognize self in the mirror | | | | | |
| Looks intently at objects | | | | | |
| Likes to look at self in mirror | | | | | |
| Prefers fast paced and bright TV shows | | | | | |

Date of last vision screening: _____

| Oral Sensory | <i>Always (100%)</i> | <i>Frequently (75%)</i> | <i>Occasionally (50%)</i> | <i>Rarely (25%)</i> | <i>Never (0%)</i> |
|---|----------------------|-------------------------|---------------------------|---------------------|-------------------|
| Mouths objects | | | | | |
| Gags easily | | | | | |
| Refuses to try new foods | | | | | |
| Resists having teeth brushed | | | | | |
| Refuses to drink out of a cup | | | | | |
| Has a decreased awareness of food left on the lips | | | | | |
| 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> |
|---|----------------------|-------------------------|---------------------------|---------------------|-------------------|
| Seems to have weak muscles | | | | | |
| Avoids active activities | | | | | |
| 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> |
|---|----------------------|-------------------------|---------------------------|---------------------|-------------------|
| Avoids playing with others | | | | | |
| Withdraws from situations | | | | | |
| Seems anxious | | | | | |
| Is stubborn or uncooperative more than expected for their age | | | | | |
| Has difficulty tolerating changes in plans or routines | | | | | |
| Does not express emotions | | | | | |