



SENSORY PROCESSING & MOTOR CONTROL QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

[Please check any of the boxes that typically describe the patient. Feel free to underline the statements that are of a particular concern. Some of the questions are "fill in the blanks". We understand that this is a very detailed list of questions, but answering them as accurately as possible helps us get a thorough understanding of the patient and his/her needs. Thank you.]

Vestibular (Movement and Balance):

- Becomes overly excited after movement activity
- Thrill seeker on playground
- Avoids moving equipment on playground
- Prefers the _____ equipment, on the playground
- Difficulty sitting still (wiggles, rocks, bounces)
- Seeks intense movement: spins, twirls, jumps, bounces, rocks
- Shakes head vigorously, assumes upside down position frequently
- Uncomfortable on elevators, escalators, motion sickness
- Excessive dizziness or nausea from swinging, spinning, or riding in car
- Preoccupied with movement activities
- Avoids activities requiring balance
- Poor negotiation on uneven terrain
- Loses balance easily
- As an infant, tended to arch back when held or moved
- Avoids activities in which feet have to leave the ground (becomes anxious or distressed)
- Fearful of simple challenges to balance; give example _____
- Fear of falling when no danger exists
- Trips easily; appears clumsy
- Fear of heights; cautious when climbing
- Fearful or hesitant when climbing, descending stairs (seeks hand railing or wall)
- Dislikes being moved
- Protests head being tipped backward
- Fearful of being tossed in air or turned upside down
- Bumps head often; doesn't extend arms when pushed from behind
- Appears to hold head, neck and shoulders stiffly
- Holds head upright when bending over or leaning (dislikes somersaults)
- Dislikes riding in a car

Other comments:

Proprioceptive Function (body position)

- Difficulty judging movement; uses too little or too much power/force
- Insecure regarding body movement
- Poor posture/postural instability
- Slumps in chair with rounded back and head forward and extended
- Props self on forearms for support while sitting to read, doing homework
- Prefers or avoids crunchy food (circle one)
- Difficulty in changing position or moving slowly
- Avoids vibratory devices (hair clippers, electric toothbrushes)
- Seeks vibratory stimulation
- Craves tumbling or wrestling
- Frequently gives or requests firm prolonged hugs
- Seeks out adults on playground
- Walks on toes frequently
- Drags feet or poor heel-toe pattern when walking
- Wide based stance
- Turns whole body to look at person or object
- Moves stiffly
- Holds head, neck, and shoulders rigidly
- Plays roughly with people or objects
- Bumps into things
- Avoids participation in ordinary movement experiences; give example _____
- Resists new physical challenges, saying “I can’t” without attempting
- Seems weaker, or tires more easily than peers
- Locks joints - knees or elbows – for stability
- Appears lethargic
- Seeks sedentary play
- Leans on objects or people for stability
- Difficulty with pencil grasp; either too weak pencil grasp/light pencil pressure or too firm of grasp/pushes too hard
- Cannot lift heavy objects
- Moves with quick bursts of activity rather than sustained movement
- Achieves standing posture by pushing off floor with hands
- Sits on floor with legs in “W” position
- Loose joints
- Collapses on furniture
- Avoids heavy work
- Seeks opportunities to fall, crash into things
- Stamps or slaps feet on ground when walking
- Kicks heels against floor or chair
- Bangs stick or other object along wall or fence when walking
- Cracks knuckles
- Sets jaw when applying effort with extremities
- Grinds or clenches teeth, bites or chews objects, or clothing
- Appears to tire easily when standing or holding a certain body position

Other comments:

Auditory

- Overly sensitive to loud sounds or noises
- Overreacts to unexpected or loud noises (sirens, alarms, etc.)
- Covers ears to shut out auditory input
- Hears sounds others don't hear or before others notice
- Sensitive to certain voice pitches
- "Tunes out" or ignores sounds nearby
- Unable to pay attention when other sounds are near by
- Irrational fear of noisy appliances
- Can only work with TV or stereo on
- Hums, sings softly or "self talks" through a task
- Language hard to understand
- Voice volume too soft or too loud
- Seeks out toys, other objects which make sound
- Craves music, or other specific sounds, explain _____
- Needs visual cue to respond to verbal commands or request
- Needs increased volume to respond
- Mispronounces words for example: bis-ghetti, mazagine
- Doesn't respond when name is called
- Appears not to hear what is said
- Misunderstands what you say
- Doesn't seem to hear the beginning or middle of statements
- Frequently asks you to repeat what you have said
- Slow or delayed responses
- Difficulty sequencing the order of events when telling a story/describing an event
- Word finding difficulty
- Not precise in word selection
- Limited use of descriptive vocabulary
- Participates little in conversations
- Enjoys strange noises, makes repetitive sounds

Other comments:

Activity Level

- Always busy and on-the-go
 - Prefers quiet sedentary play
 - Avoids quiet play
 - Jumps from one activity to another so frequently it interferes with play
 - Difficulty paying attention
 - What is the patient's reaction to fatigue? Explain _____
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Other comments:

Oculo-Motor Control & Visual Perception

- Frequent headaches. When? _____
- Blurred vision. When? _____
- Squinting. When? _____
- Double vision. When? _____
- Complains that eyes are tired or hurt. When? _____
- Poor depth perception (difficult or hesitancy climbing or descending stairs, stepping up/off a curb...)
- Poor awareness of space in relation to things around self (bumps into objects..)
- Skips words/lines or loses place easily when reading
- Letter/number/word reversals
- Overly sensitive light/sunlight
- Bothered by bright light after others have adapted
- Large pupils in normal light
- Prefers to be in the dark
- Difficulty tracking/following a moving object
- Poor visual monitoring of hand movement when writing/manipulating objects
- Poor eye contact or avoids eye contact
- Dislikes having vision occluded (blocked or covered) or being in the dark
- Difficulty with near/far accommodation (copying from the chalkboard to paper)
- Squints, bloodshot eyes, teary eyes, raises eyebrows, rubs eyes (circle all that apply)
- Gets lost easily
- Poor visual monitoring of environment (isn't aware of the changing environment)
- Hyper vigilant of surroundings, or visually distracted by environment
- When playing with puzzles – has difficulty with or enjoys them (circle best choice)
- Writes illegibly/misplaced on lines or the page
- When drawing – dislikes drawing or likes drawing (circle best choice)
- Difficulty finding objects in a complex background (toy on a messy floor or object in a bin)
- Overstimulated by busy environment
- Keeps eyes too close to work/or book
- Tilts head/props up head or lays head on arm with deskwork, reading or drawing
- Closes one eye while performing a visual task
- Covers one eye while performing a visual task
- Frequent styes
- Excessive blinking
- Poor posture when reading
- Poor general coordination
- Stares intensely at people or objects
- Doesn't notice when people enter the room
- Uses peripheral (outer) vision more than central
- Rereads material often
- Vocalizes or mouths words when should be reading silently
- Reads slowly or with great effort
- Must use finger to keep place while reading
- Poor reading comprehension
- Moves head excessively when doing anything visual
- Tires easily after a visual task
- Avoids near tasks
- Inability to see far objects

Other comments:

Tactile Function

- Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- As infant, not calmed by cuddling/stroking
- Difficulty standing in line or close to other people
- Doesn't perceive personal space; stands too close to people to the point of irritation
- Tenses when patted affectionately
- Negative reaction to unseen, unexpected touch
- Likes clothes to cover entire body, regardless of weather
- Avoids certain textures of clothing, materials
- Wears minimal clothing regardless of weather
- Unable to identify familiar objects via touch only
- Avoids putting hands in messy substances/getting dirty
- Engages in self-injurious behaviors; list _____
- Likes to be wrapped tightly in sheet or blanket, seeks tight spaces
- Engages in self-stimulatory behaviors; list _____
- Frequently adjusts clothing as if feeling uncomfortable
- Touches everything; can't keep hands to self
- No apparent response to being touched or bumped
- Avoids busy, unpredictable environments
- Intent on controlling/manipulating to keep environment predictable
- Particular about certain clothes or bed sheets
- Rigid rituals in personal hygiene
- Withdraws from splashing water
- Leaves clothes twisted on body
- Displays unusual need for touching certain surfaces, toys or textures
- Hyper-responsive gag reflex (with food textures, food utensils in mouth, brushing teeth...)
- Resistive to personal grooming activities such as haircut, nail trims, dentist
- Extreme reaction to tickling
- Examines objects by placing in mouth
- Sensitivity to pain – appears oversensitive or undersensitive (circle)
- Socks have to be “just right”; no wrinkles, twisted seams
- Difficulty identifying which parts of body are touched without seeing
- Untidy/messy dresser
- Shoes worn loose or untied, or on wrong feet
- Poor awareness of body part relationships
- Rubs or scratches a spot on the body that has been touched

Other comments:

Taste and Smell

- Avoids crunchy, chewy foods
- Examines objects by placing in mouth
- Picky eater; prefers certain textures; list _____
- Limits self to particular foods/temperatures; list _____
- Shows strong preference for certain smells/taste: list _____
- Will only eat certain foods: list _____
- Deliberately/routinely smells non-food objects
- Chews on or licks non-food objects
- Craves certain foods: list _____
- Highly sensitive to common odors or to faint odors unnoticed by others
- Does not seem to notice unpleasant smells
- Will not taste food prior to smelling it and “approving of it’s smell”
- Prefers bland foods or highly seasoned foods
- Hypersensitive to body odors such as breath or scents of soap, perfume, etc.
- Tends to be overly focused on the taste or smell of non-food items

Other comments:

Suck, Swallow, Breathe Synchrony

- Difficulty using straw
- Poor lip closure on eating, drinking, utensils
- Limited skill with blow toys
- Able to whistle
- Poor saliva control/drooling
- Tongue thrust
- Chokes easily on liquids and/or solids
- Shallow breathing pattern
- Holds breath when applying effort
- Poor breath support for speech/gasps
- “Breathy” speech
- Speech volume barely audible
- Puts hands on hips to increase lung capacity
- Mouth breathing
- Lower rib cage flared

Other comments:

Fine Motor Skill

- Difficulty drawing, coloring, cutting, avoids these activities
 - Lines drawn are too light, wobbly, too dark, breaks pencil often
 - Lack of well-established hand dominance
 - Difficulty using two hands together
 - Prefers to eat with fingers
 - Difficult/impossible to manage snaps _____, zippers _____, buttons _____
 - Immature grasp of tools such as pencil, fork, spoon, toothbrush
 - Enjoys manipulatives, puzzles, constructive toys
- Other comments:

Bilateral Motor Coordination & Motor Planning

- Difficulty crossing body midline with head or extremities
 - Limited rotation of pelvis and/or shoulder girdle around central core of body
 - Poor coordination of both eyes, hands, and/or legs for symmetrical movements
 - Difficulty performing two different tasks at same time (cut meat with knife and fork, or hold and turn paper while cutting with scissors)
 - Letter and number reversals
 - Poor reading speed and/or comprehension
 - Ambidexterity/mixed hand dominance
 - Difficulty with projected action sequences (catch a ball, bat a ball)
 - Difficulty performing a new as opposed to habitual, motor response strategy
 - Disorganized approach to tasks
 - Prefers talking rather than doing
 - Problems in construction and/or manipulation of materials
 - Poor articulation
 - Handwriting deficits
 - Unable to conceive, organize, and sequence movements required to complete a task
 - Insufficient body awareness
 - Inefficient/disorganized with self-help skills
 - Poor gross/fine motor control of body when attempting new activities
 - Misunderstands meaning of verbal cues when instructed to move or position body
 - Difficulty positioning self squarely on furniture or equipment
 - Poor visual/motor coordination
 - Difficulty imitating motions or playing games such as “Simon says”
 - Fails to adapt body posture to demands of activity
 - Extraneous movement relative to demands of task
 - Difficulty with timing and rhythm movements
- Other comments:

Emotional/Social Behaviors

- Intense or explosive
 - Easily frustrated or anxious
 - Can't sit still, hyperactive
 - Clingy, whiny, cries easily
 - Stubborn, inflexible, uncooperative
 - Poor self-esteem
 - Highly sensitive; can't take criticism
 - Feelings of failure/frustration
 - Gives up easily
 - Hard to awaken in the morning
 - "Up and ready to go" in the morning
 - Difficulty getting to sleep
 - Difficulty making choices
 - Tantrums
 - Describe sleep: restless or deep or light sleeper (circle)
 - Fearful; list fears _____
 - Difficulty adjusting to changes in routine
 - Slow to/or unable to make timely transitions
 - Prefers to play with younger children
 - Prefers the company of adults or older children as opposed to peers
 - Easily discouraged or depressed
 - Enjoys team sports
 - Poor loser
 - Fails to see humor in situations
 - Needs more protection from life than peers
 - Accident prone
 - Difficulty expressing emotions verbally
 - Overly serious
 - Active, outgoing, enthusiastic
 - Can be stubborn, uncooperative
 - Inefficient way of doing things
 - Seems to like him/herself
 - Is overly critical of him/herself
 - Is overly affectionate with others
 - Has difficulty making friends
 - Doesn't perceive body language or facial expressions
 - Has difficulty recognizing faces
 - Enjoys other children of similar age
 - Has sleep difficulties
 - Reacts to tension by: _____ (thumb sucking, nail biting, grinding teeth...)
 - Describe your child's sleep/wake routine: _____
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Other comments: