

## OCCUPATIONAL THERAPY SENSORY QUESTIONNAIRE

Adapted from: Sensory Inventory by Bonnie Hanschu, OTR

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Program(s) enrolled in: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Disorder: Y / N If yes, is it controlled/how? \_\_\_\_\_

Hearing Difficulties: Y / N If yes, explain: \_\_\_\_\_

Visual Difficulties: Y / N If yes, explain: \_\_\_\_\_

### TACTILE

(Please answer the following with a Yes or No answer)

#### Dressing

#### Comments

- \_\_\_\_ 1. Does not tolerate layers of clothing
- \_\_\_\_ 2. Pushes up or pushes down pants legs, sleeves, and shirts
- \_\_\_\_ 3. Strips off clothing
- \_\_\_\_ 4. Refuses to undress
- \_\_\_\_ 5. Frequently adjusts clothing as if it binds or is uncomfortable
- \_\_\_\_ 6. Wraps self in clothing or bedding
- \_\_\_\_ 7. Insists on something wrapped around wrist, arm or finger
- \_\_\_\_ 8. Avoids/irritated by certain clothing textures
- \_\_\_\_ 9. Indicates distress when barefoot
- \_\_\_\_ 10. Insists on being barefoot

#### Other Activities of Daily Living

#### Comments

- \_\_\_\_ 11. Spits out or rejects certain food textures.
- \_\_\_\_ 12. Resists grooming: Check all that apply
  - Face washing     Shaving     Hair combing     Hair cutting
  - Tooth brushing     Nail trimming     Bathing     Hair washing

#### Personal Space

#### Comments

- \_\_\_\_ 13. Insists on large personal space
- \_\_\_\_ 14. Prefers to be in corner, under table, behind furniture

#### Social

#### Comments

- \_\_\_\_ 15. Looks fearful, angry, or uncomfortable when approached or touched
- \_\_\_\_ 16. Withdraws or hits when peers reach toward client or are nearby
- \_\_\_\_ 17. Withdraws or hits when staff reach toward client or are nearby
- \_\_\_\_ 18. Rubs spot after being touched
- \_\_\_\_ 19. Exhibits clingy behavior
- \_\_\_\_ 20. Tries to handle or touch everything/everyone
- \_\_\_\_ 21. Avoids palm/hand contact with objects or people

## TACTILE CONTINUED...

### Self-Stimulatory Behaviors

### Comments

- 22. Engages in persistent hand to mouth activity
- 23. Mouths objects or clothing
- 24. Rubs or plays with spit/saliva
- 25. Persistently has hand in pants or pants pocket
- 26. Sits on hands/feet
- 27. Pushes or rubs body against objects/walls/people
- 28. Insists on holding an object in hand(s)
- 29. Rubs finger(s) against hand or other fingers

### Self-injurious Behaviors

### Comments

- 30. Scratches
- 31. Pinches
- 32. Rubs
- 33. Hits/slaps
- 34. Pulls hair
- 35. Bites hand/wrist/arm

## VESTIBULAR

### Muscle Tone (problem *not* due to neuromuscular diagnosis)

### Comments

- 1. Needs assistance when moving from sitting, lying, or standing
- 2. Uses arms to assist self when moving from sitting, lying, or standing
- 3. Props head or leans when sitting or standing
- 4. Collapses onto furniture

### Equilibrium Responses

### Comments

- 5. Loses balance easily
- 6. Trips or falls often
- 7. Holds onto staff, railing, or wall
- 8. Has slow or no protective response
- 9. Persistently sits on floor

### Posture and Movement

### Comments

- 10. Display S curve posture.
- 11. Holds arms flexed, adducted and internally rotated.
- 12. Uses shuffling gait or poor heel-toe pattern
- 13. Displays wide based stance
- 14. Uses side-to-side gait
- 15. Has head-neck-shoulder rigidity
- 16. Resists being moved by others
- 17. Avoids/needs assistance with overhead reach
- 18. Demonstrates poor postural background movements
- 19. Resists participating in movement activities

### Bilateral Coordination

### Comments

- 20. Uses mainly one hand at a time in activities requiring two
- 21. Avoids midline crossing
- 22. Timing uneven in 2-handed or 2-footed movements

## VESTIBULAR CONTINUED...

### Spatial Perception

Comments

- \_\_\_\_\_ 23. Bumps into objects
- \_\_\_\_\_ 24. Has difficulty walking around furniture or people
- \_\_\_\_\_ 25. Has difficulty going through doorways
- \_\_\_\_\_ 26. Descends or ascends stairs, or ramps without alternating feet
- \_\_\_\_\_ 27. Exhibits hesitancy at stairs or ramps

### Emotional Expression

Comments

- \_\_\_\_\_ 28. Displays gravitational insecurity
- \_\_\_\_\_ 29. Tenses or becomes irritable when moved.
- \_\_\_\_\_ 30. Becomes upset at changes in room arrangement
- \_\_\_\_\_ 31. Looks anxious when moving from place to place

### Self-stimulatory Behaviors

Comments

- \_\_\_\_\_ 32. Rocks body.
- \_\_\_\_\_ 33. Wags head.
- \_\_\_\_\_ 34. Rotates or twirls body
- \_\_\_\_\_ 35. Waves or flicks finger(s) near eyes
- \_\_\_\_\_ 36. Paces
- \_\_\_\_\_ 37. Walks with bouncing gait
- \_\_\_\_\_ 38. Has spurts of running

## PROPRIOCEPTION

### Muscle Tone (problem not due to neuromuscular diagnosis)

Comments

- \_\_\_\_\_ 1. Lacks well defined body contours.
- \_\_\_\_\_ 2. Tires easily
- \_\_\_\_\_ 3. Passive unless encouraged or assisted in movement.
- \_\_\_\_\_ 4. Demonstrates a weak grip
- \_\_\_\_\_ 5. Speech is slurred or mumbled
- \_\_\_\_\_ 6. Displays poor cocontraction
- \_\_\_\_\_ 7. Exhibits hyperextension of elbows or knees

### Motor Skills/Planning and Body Image

Comments

- \_\_\_\_\_ 8. Is clumsy or awkward in movement
- \_\_\_\_\_ 9. Does not position self squarely on furniture or equipment
- \_\_\_\_\_ 10. Is awkward when getting on or off equipment
- \_\_\_\_\_ 11. Does not shape hand to hold objects or another's hand
- \_\_\_\_\_ 12. Holds object placed in hand instead of manipulating it
- \_\_\_\_\_ 13. Looks at hand to reach accurately or perform familiar tasks
- \_\_\_\_\_ 14. Touches, or holds objects lightly
- \_\_\_\_\_ 15. Is physically rough with people and objects
- \_\_\_\_\_ 16. Pinches when attempting to grip
- \_\_\_\_\_ 17. Uses "high stepping" when ascending or descending stairs

### Self-stimulatory Behaviors

Comments

- \_\_\_\_\_ 18. Flaps hands, claps, jumps, hops, and stamps, to an unusual degree
- \_\_\_\_\_ 19. Toe-walks
- \_\_\_\_\_ 20. Pulls against object clenched in teeth

## PROPRIOCEPTION CONTINUED...

- \_\_\_\_\_ 21. Presses or bangs heels or wrists
- \_\_\_\_\_ 22. Climbs in inappropriate places
- \_\_\_\_\_ 23. Pushes or leans heavily against people or furniture
- \_\_\_\_\_ 24. Grinds/clenches teeth
- \_\_\_\_\_ 25. Bites objects/others

### Self-injurious Behaviors

### Comments

- \_\_\_\_\_ 26. Butts head or body against stationary objects.
- \_\_\_\_\_ 27. Bangs head.
- \_\_\_\_\_ 28. Slaps/hits self
- \_\_\_\_\_ 29. Bites hand/wrist/arm

### General Reactions

### Comments

#### **If yes, please indicate if long standing or recent**

- \_\_\_\_\_ 1. Difficulty with transitions between activities, places, people
- \_\_\_\_\_ 2. Unpredictable emotional outbursts
- \_\_\_\_\_ 3. Slow to recover or hard to calm when upset
- \_\_\_\_\_ 4. Delayed response to social communication or sensation (pain, touch, sound, smell, light)
- \_\_\_\_\_ 5. Does not respond to pain, touch, sound, smell, light)
- \_\_\_\_\_ 6. Hypersensitive to touch, sound, smell, light)
- \_\_\_\_\_ 7. Makes repetitious 'vocal' sounds
- \_\_\_\_\_ 8. Difficulty orienting to others, activity
- \_\_\_\_\_ 9. Distractible, short attention to task

### Other Information:

1. Primary and Specialty Care Providers: (pediatrician, other medical personnel)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Present Height: \_\_\_\_\_ Weight lbs. \_\_\_\_\_

3. Feeding/Nutrition (list solid food/liquid food intake per day in ounces) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Allergies: \_\_\_\_\_

5. Sleeping pattern and habit: \_\_\_\_\_

6. Present family concerns and priorities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Family support system and resources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Other: (i.e., Medications, Supplements or special diet) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_