

Child's Name \_\_\_\_\_  
 Child's Date of Birth \_\_\_\_\_  
 Name of adult completing this form \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_  
 Age \_\_\_\_\_ yrs. \_\_\_\_\_ mo.  
 Relationship to child \_\_\_\_\_  
 Phone Number \_\_\_\_\_

The following questions are posed to help in compiling a more complete picture of your child from early infancy to present developmental stage. Some of the questions may refer to children who are older than your own. Please cross out the verb tense that does not apply. Check the choice which applies: Yes, No, Used to, or N/A (not old enough yet, or for other reasons, non applicable). Add narrative information which would also be important on the back.

**Tactile (touch)**

Does child:	YES	NO	Used to	N/A
1. Like to be touched?				
2. Dislike being held or cuddled?				
3. Prefer to touch rather than be touched?				
4. Seem excessively ticklish?				
5. Seem easily irritated or enraged when touched by others?				
6. Have a strong need to touch people and objects?				
7. Seem to pick fights?				
8. Pinch, bite or otherwise hurt self or others?				
9. Frequently bump or push others?				
10. Bang head on purpose?				
11. Like to touch animals?				
12. Dislike the feeling of certain clothing?				
13. Over or under dress for the temperature?				
14. Seem overly sensitive to food or water temp?				
15. Seem overly sensitive to rough food textures?				
16. Prefer tub baths over showers?				
17. Like to play in water, sand, mud, clay, etc.?				
18. Seem to lack the normal awareness of being touched?				
19. Often seem unaware of cuts, bruises, etc.?				
20. Avoid using hands?				
21. Mouth objects or clothes excessively?				

**Vestibular (movement)**

Does child:	YES	NO	Used to	N/A
1. Arch back when held or moved?				
2. Enjoy being rocked?				
3. Like being tossed in the air?				
4. Like fast rides?				
5. Like to swing?				
6. Spin or whirl more than other children?				
7. Get carsick easily?				
8. Get nauseous and vomit from other kinds of movement?				
9. Rock / bounce while sitting?				
10. Jump a lot?				
11. Have fear in space (stairs, heights)?				
12. Lose balance easily?				
13. Walk on toes (not whole foot)?				

# 0000020704 Gate 8/11

Page 1 of 4

Chart Copy

**Brazosport Regional Outpatient Rehabilitation Services:  
 Sensory Processing Questionnaire**



100 Medical Drive Lake Jackson, TX 77566

Patient ID

14. Misunderstand meaning of words used in relation to movement or position?				
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**Visual**

Does / Is Child:	YES	NO	Used to	N/A
1. Have a visual problem?				
2. Seem very sensitive to light?				
3. Have trouble using eyes?				
4. Avoid eye contact?				
5. Distracted by visual?				
6. Dislike eyes covered?				
7. Able to close eyes for short periods?				
8. Make reversals when writing, copying, reading?				
9. Like playing in the dark?				
10. Have trouble with shapes, colors, size?				
11. Squint often?				
12. Able to look far away?				
13. Able to look close?				

**Taste & Smell**

Does / Is Child:	YES	NO	Used to	N/A
1. Act like all food is the same?				
2. Explore with taste?				
3. Chew on non food items?				
4. Have any feeding problems?				
5. Trouble changing to textures?				
6. Hypersensitive to smells?				
7. Taste / smell toys, clothes, or foods more than usual?				

**Auditory (sound)**

Does / Is Child:	YES	NO	Used to	N/A
1. Have hearing loss?				
2. Have (had) PE tubes?				
3. Have (had) a lot of ear infections?				
4. Hypersensitive to sounds?				
5. Have fear of unexpected noises?				
6. Have fear of unusual sounds?				
7. Distracted by sound?				
8. Miss sounds or words?				
9. Have trouble listening?				
10. Have trouble locating sound?				
11. Make loud noises?				
12. Sing / dances to music?				
13. Have trouble imitating rhythmic sounds?				
14. Have trouble understanding or following directions?				
15. Unable to follow 2-3 directions?				
16. Talk excessively?				
17. Talking interferes with listening?				
18. Have delayed speech development?				

**Brazosport Regional Outpatient Rehabilitation Services:  
Sensory Processing Questionnaire**



**Muscle Tone**

<b>Does Child:</b>	<b>YES</b>	<b>NO</b>	<b>Used to</b>	<b>N/A</b>
1. Feel heavier than looks?				
2. Have good endurance?				
3. Have muscle problems?				
4. Have flat feet?				
5. Slump when sitting?				
6. Get tired easily?				
7. Seem weak?				
8. Keep mouth open?				
9. Prefer lying on back?				

**Coordination**

<b>Does / Is Child:</b>	<b>YES</b>	<b>NO</b>	<b>Used to</b>	<b>N/A</b>
1. Sit, stand or walk late?				
2. Sit, stand or walk early?				
3. Creeping or crawling phase omitted or short?				
4. Creeping or crawling phase very long?				
5. Movements slow, plodding, deliberate?				
6. Play with toys appropriately for age?				
7. Have trouble with dressing, buttoning, zipping or shoe tying?				
8. Clumsy with toys?				
9. Have trouble holding pencil correctly?				
10. Creep on tummy or bottom?				
11. Trip or fall a lot?				
12. Seem awkward?				
<b>Does / Is Child:</b>	<b>YES</b>	<b>NO</b>	<b>Used to</b>	<b>N/A</b>
13. Bump into things?				
14. Dominant hand, which one? _____				
15. Have poor handwriting?				
16. Handle small things easily?				
17. Eat neatly for age?				
18. Have rigid movements?				
19. Grimace or sue tongue in fine motor task?				
20. Shaky?				
21. Like sports, PE?				

**Brazosport Regional Outpatient Rehabilitation Services:  
Sensory Processing Questionnaire**



**Behavior / Temperament**

Is or was child:	YES	NO	Used to	N/A
1. Quiet, calm, patient?				
2. Active, outgoing?				
3. Intense, anxious?				
4. Explosive, aggressive?				
5. High activity level?				
6. Easy going, predictable?				
7. Low activity level?				
8. Erratic sleep patterns?				
9. Irritable baby?				
10. Clingy?				
11. Rigid, set in ways?				
12. Adaptable, flexible?				
13. Regular sleep patterns?				
14. Difficult to get to sleep?				
15. Wakes frequently?				
16. Night terrors, nightmares?				
17. Plays alone well?				
18. Destructive with toys?				
19. Short attention span?				
20. Distractible?				
21. Hard to make choices?				
22. Self stimulation behaviors?				
23. Frequent tantrums?				
24. Moody?				
25. Difficulty with change?				
26. Acts out?				
27. Makes friends easily?				
28. Prefers older children?				
29. Prefers adults?				
30. Prefers being alone?				
31. Low self esteem?				
32. Frustrated frequently?				
33. Seems discouraged or depressed?				

**Brazosport Regional Outpatient Rehabilitation Services:  
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