

SENSORY PROFILE

Patient Name: _____

Instructions: Please check the response that best describes your child’s behavior. Add any additional comments in the space after each category. If you are unable to comment because you have not observed the behavior, or feel that it’s not applicable to your child, please draw an “X” through the number for that item.

Please do not leave any spaces blank.

Use the following key to mark your responses.

1. **always:** when presented with the opportunity, the child responds in the manner **every time, 100%**.
2. **frequently:** when presented with the opportunity, the child **usually** responds in this manner, at least 75% of the time.
3. **occasionally:** when presented with the opportunity, the child responds in this manner approximately 50% of the time.
4. **seldom:** when presented with the opportunity, the child **usually doesn’t** respond in this manner, less than 25%.
5. **never:** when presented with the opportunity, the child **never** responds in this fashion, 0% of the time.

AUDITORY

	Always	Frequently	Occasionally	Seldom	Never
1. Responds negatively to unexpected or loud noises (i.e. vacuum cleaner, dog barking, hairdryer).					
2. Holds hands over ears.					
3. Can’t work with background noise (i.e. fan, refrigerator)					
4. Has trouble completing tasks when the radio is on.					
5. Doesn’t respond when name is called.					
6. Seems oblivious within an active environment.					

Comments:

VISUAL

	Always	Frequently	Occasionally	Seldom	Never
1. Prefers to be in the dark.					
2. Has difficulty putting puzzles together.					
3. Hesitates going up or down curbs or steps.					
4. Gets lost easily.					
5. Is bothered by bright lights after others have adapted to the light.					
6. Stares intensely at objects or people.					
7. Avoids eye contact.					
8. Doesn't notice when people come into the room.					

Comments:

ACTIVITY LEVEL

	Always	Frequently	Occasionally	Seldom	Never
1. Jumps from one activity to another so frequently it interferes with play.					
2. Difficulty paying attention.					

Comments:

TASTE/SMELL

	Always	Frequently	Occasionally	Seldom	Never
1. Avoids certain tastes/smells that are typically part of a child's diet.					
2. Routinely smells non-food objects.					
3. Shows strong preference for certain smells. (list: _____)					
4. Will only eat certain tastes. (list: _____)					
5. Chews/licks on non-food objects.					

6. Seeks out certain tastes/smells. (list:)					
7. Does not seem to smell strong odors.					

Comments:

BODY POSITION

	Always	Frequently	Occasionally	Seldom	Never
1. Seeks opportunities to fall without regard to personal safety.					
2. Hangs on other people, furniture, objects even in familiar situations.					
3. Seems to have weak muscles.					
4. Tires easily, especially when standing or holding particular body position.					
5. Locks joints (e.g. elbows, knees) for stability.					
6. Walks on toes.					
7. Appears to enjoy falling.					
8. Moves stiffly.					
9. Has a weak grasp.					
10. Can't lift heavy objects.					
11. Props to support self.					

Comments:

MOVEMENT

	Always	Frequently	Occasionally	Seldom	Never
1. Becomes anxious or distressed when feet leave the ground.					
2. Fears falling or heights.					
3. Dislikes activities where head is upside down (i.e. somersaults) or rough housing.					

4. Avoids climbing, jumping, bumpy or uneven ground.					
5. Seeks all kinds of movement that interferes with daily routines.					
6. Avoids playground equipment or moving toys.					
7. Rocks unconsciously during other activities (i.e. while watching TV).					
8. Takes excessive risks during play (i.e. climbs high into a tree, jumps off tall furniture, etc.).					
9. Takes movement or climbing risks during play that compromise personal safety.					
10. Dislikes riding in a car.					
11. Holds head upright, even when bending over or leaning.					
12. Twirls/spins self frequently throughout the day.					
13. Holds onto walls or banisters.					
14. Becomes disoriented after bending over sink, table.					
15. Becomes overly excitable after a movement activity.					
16. Turns whole body to look at you.					
17. Poor endurance/tires easily.					
18. Appears lethargic.					
19. Rocks in desk/chair/on floor.					

Comments:

TOUCH

	Always	Frequently	Occasionally	Seldom	Never
1. Avoids getting "messy" (i.e. in paste, sand, finger paint, glue, tape).					
2. Prefers long sleeved clothing when it's warm or short sleeved clothing when it's cold.					
3. Expresses discomfort at dental work or tooth-brushing.					
4. Is sensitive to certain fabrics (i.e. is particular about certain clothes or bed sheets).					
5. Limits self to particular food textures/temperatures (list:)					
6. Touches people and objects to the point of irritating others.					
7. Becomes irritated by shoes or socks.					
8. Avoids going barefoot, especially in sand or grass.					
9. Reacts emotionally or aggressively to touch.					
10. Rigid rituals in personal hygiene.					
11. Picky eater, especially regarding textures.					
12. Withdraws from splashing water.					
13. Has difficulty standing in line or close to other people.					
14. Rubs or scratches out a spot which has been touched.					
15. Gags easily with food textures, food utensils in mouth.					
16. Displays unusual need for touching certain toys, surfaces, or textures.					
17. Mouths objects (i.e. pencil, hands).					

18. Decreased awareness of pain and temperature.					
19. Always touching people and objects.					
20. Doesn't seem to notice when someone touches arm or back.					
21. Leaves clothing twisted on body.					

Comments:

EMOTIONAL/SOCIAL

	Always	Frequently	Occasionally	Seldom	Never
1. Uses inefficient ways of doing things.					
2. Seems to have difficulty liking self.					
3. Needs more protection from life than other children.					
4. Has trouble "growing up."					
5. Is overly affectionate with others.					
6. Seems anxious.					
7. Seems accident prone.					
8. Expresses feeling like a failure.					
9. Has temper tantrums.					
10. Has difficulty tolerating changes in routines.					
11. Has nightmares.					
12. Has fears that interfere with daily routines.					
13. Doesn't express emotions.					
14. Doesn't perceive body language or facial expressions.					

15. Doesn't have a sense of humor.					
16. Overly serious.					
17. Has difficulty making friends.					

Comments: