

## Sensory Integration Screening Questionnaire

Child's Name: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Count the number of YES responses to the following items, Does your child:	NO	YES
<b>TACTILE SENSATION</b>		
Object to being touched?		
Dislike being cuddled?		
Seem irritable when held?		
Prefer to touch rather than be touched?		
React negatively to the feel of new clothes?		
Dislike having hair and/or face washed?		
Avoid certain texture of food?		
Isolate self from other children?		
Frequently bump and push other children? (By accident, not intentionally)		
<b>AUDITORY SENSATION</b>		
Seem overly sensitive to sound?		
Miss some sounds?		
Seem confused about the direction of sounds?		
Like to make loud noises?		
Have a diagnosed hearing loss?		
<b>OLFACTORY SENSATION</b>		
Explore the environment with smell?		
Discriminate odors?		
React defensively to smells?		
Ignore noxious odors?		
<b>VISUAL SENSATION</b>		
Have a diagnosed visual defect?		
Have difficulty eye tracking?		
Make reversals when copying?		
Have difficulty discriminating colors, shapes?		
Appear sensitive to light?		
Resist having vision occluded?		
Become excited when confronted with a variety of visual stimuli?		
<b>GUSTATORY SENSATION</b>		
Act as though all food tastes the same?		
Explore by tasting?		
Dislike foods of a certain texture?		
<b>VESTIBULAR SENSATION</b>		
Dislike being tossed in the air?		
Seemed fearful in space (going up and down stairs, riding see-saw, etc)?		
Appear clumsy, often bumping into things and/or falling down?		
Prefer fast-moving, spinning rides?		
Avoid balance activities?		

## Sensory Integration Screening Questionnaire

### Section Two

Count the number of YES responses the following items, Does your child:	NO	YES
<b>MUSCLE TONE</b>		
Seem stronger than normal?		
Frequently grasp objects too tightly?		
Have a weak grasp?		
Tire easily?		
<b>COORDINATION</b>		
Seem accident prone?		
Eat in a sloppy manner?		
Have difficulty with pencil activities?		
Have difficulty dressing and/or fastening clothes?		
Does not have a consistent hand dominance?		
Neglect one side of the body, or seem unaware of it?		
<b>REFLEX INTEGRATION AND DEVELOPMENT</b>		
Was the child slow to reach the usual developmental milestones?		
Was a child irritable in infancy, particularly when held?		
Does the child have difficulty isolating head movements?		
Does the child lack adequate protective reactions when falling		
<p><b>If your child has five or more YES responses (in the appropriate section), then you child may have a sensory-integration disorder. You should have your child evaluated by an Occupational Therapist who is certified in Sensory Integration.</b></p>		