Sensory Integration

Healing Hearts
Family Counseling Center

SENSORY INTEGRATION SCREENING QUESTIONNAIRE		
Count the number of YES responses the following items, Does your child:	NO	YES
TACTILE SENSATION		
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)		
AUDITORY SENSATION		
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?		
OLFACTORY SENSATION		
Explore the environment with smell?		
Discriminate odors?		
React defensively to smells?		
Ignore noxious odors?		
VISUAL SENSATION		
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?		
GUSTATORY SENSATION		
Act as though all food tastes the same?		
Explore by tasting?		
Dislike foods of a certain texture?		
VESTIBULAR SENSATION		
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?		
Count the number of YES answers to the following questions		
MUSCLE TONE		
Seem stronger than normal?		
Frequently grasp objects too tightly?		
Have a week to grasp?		
Tire easily?		
COORDINATION		
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?		
REFLEX INTEGRATION AND DEVELOPMENT		
Was the child's 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		
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.		