

Bacharach

INSTITUTE FOR REHABILITATION

Sensory History

For each question, place a check in the column that best describes your child. (Please compare with other children you know of the same age.)

| QUESTIONS | Often | Sometimes | Rarely |
|----------------------------|---------|-----------|--------|
| Does your child: | | | |
| | 1----- | ----- | ----- |
| | 2----- | ----- | ----- |
| | 3----- | ----- | ----- |
| | 4----- | ----- | ----- |
| | 5----- | ----- | ----- |
| | 6----- | ----- | ----- |
| | 7----- | ----- | ----- |
| | 8----- | ----- | ----- |
| TACTILE SENSATION | 9----- | ----- | ----- |
| | 10----- | ----- | ----- |
| | 11----- | ----- | ----- |
| | 12----- | ----- | ----- |
| | 13----- | ----- | ----- |
| | 14----- | ----- | ----- |
| | 15----- | ----- | ----- |
| | 16----- | ----- | ----- |
| | 17----- | ----- | ----- |
| | 18----- | ----- | ----- |
| Does your child: | | | |
| AUDITORY SENSATION | 19----- | ----- | ----- |
| | 20----- | ----- | ----- |
| | 21----- | ----- | ----- |
| | 22----- | ----- | ----- |
| | 23----- | ----- | ----- |
| Does your child: | | | |
| GUSTATORY SENSATION | 24----- | ----- | ----- |
| | 25----- | ----- | ----- |
| | 26----- | ----- | ----- |
| | 27----- | ----- | ----- |
| Does your child: | | | |
| OLFACTORY SENSATION | 28----- | ----- | ----- |
| | 29----- | ----- | ----- |
| | 30----- | ----- | ----- |
| | 31----- | ----- | ----- |

| QUESTIONS | | Often | Sometimes | Rarely |
|---|--|---------|-----------|--------|
| Does your child: | | | | |
| VISUAL SENSATION | 32. Become easily distracted by visual stimulation? | 32----- | ----- | ----- |
| | 33. Express discomfort at bright lights? | 33----- | ----- | ----- |
| | 34. Avoid or have difficulty with eye contact? | 34----- | ----- | ----- |
| | 35. Have a hard time picking out a single object from many? (i.e. Finding a specific toy in the toy box) | 35----- | ----- | ----- |
| | 36. Have difficulty with a camera flash, seems irritated by it? | 36----- | ----- | ----- |
| Does your child: | | | | |
| VESTIBULAR SENSATION | 37. Chew or lick non-food items? | 37----- | ----- | ----- |
| | 38. Seem fearful in space (i.e. Going up & down stairs, riding a tricycle?) | 38----- | ----- | ----- |
| | 39. Appear clumsy, often bumping into things &/or falling down? | 39----- | ----- | ----- |
| | 40. Prefer fast-moving, spinning carnival rides? | 40----- | ----- | ----- |
| | 41. Have poor balance? | 41----- | ----- | ----- |
| | 42. Become anxious or distressed when his/her feet leave the ground? | 42----- | ----- | ----- |
| | 43. Avoid climbing or jumping? | 43----- | ----- | ----- |
| | 44. Dislike elevators or escalators? | 44----- | ----- | ----- |
| | 45. Dislike riding in a car? | 45----- | ----- | ----- |
| | 46. Dislike activities where head is upside down or when lifted overhead? (such as with hair washing or somersaults) | 46----- | ----- | ----- |
| | 47. Loved to be tipped upside down or lifted overhead? | 47----- | ----- | ----- |
| | 48. Seek out all kinds of movement activities? | 48----- | ----- | ----- |
| | 49. Jump a lot on beds or other surfaces? | 49----- | ----- | ----- |
| 50. Like to spin him/herself? | 50----- | ----- | ----- | |
| 51. Bang his/her head on purpose? | 51----- | ----- | ----- | |
| 52. Throw him/herself against the floor, wall or other people for enjoyment? (likes to "crash") | 52----- | ----- | ----- | |
| 53. Take unusual risks during play? | 53----- | ----- | ----- | |
| Does your child: | | | | |
| COORDINATION | 54. Manipulate small objects easily? | 54----- | ----- | ----- |
| | 55. Seem accident prone (i.e. Have frequent scrapes and bruises)? | 55----- | ----- | ----- |
| | 56. Neglect one side of the body or seem unaware of it? | 56----- | ----- | ----- |
| | 57. Use one hand more than the other? | 57----- | ----- | ----- |
| Does your child: | | | | |
| FEEDING | 58. Need assistance to feed him/herself? | 58----- | ----- | ----- |
| | 59. Tend to eat in a sloppy manner? | 59----- | ----- | ----- |
| | 60. Frequently spill liquids? | 60----- | ----- | ----- |
| | 61. Drool? | 61----- | ----- | ----- |
| | 62. Have trouble chewing? | 62----- | ----- | ----- |
| | 63. Have trouble swallowing? | 63----- | ----- | ----- |
| | 64. Have difficulty eating foods with lumps? | 64----- | ----- | ----- |
| 65. Stuff or put too much food in his/her mouth? | 65----- | ----- | ----- | |

*Adapted from Pat Wilbarger, OTR, *Special Education Workshop*. St. Paul Public Schools, St. Paul, Minnesota, August 1973.
 Sensorimotor Integration for Developmentally Disabled Children: A Handbook Montgomery, P., Richter.