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Providing Occupational & Speech Language Therapy Services for Children Birth to 21+

PARENT SENSORY PROCESSING & MOTOR CONTROL QUESTIONNAIRE

Date: _____

Child's Name: _____ Sex: M/F Birth Date: ____/____/____

Age: _____ Parents: _____

Address: _____ Phone (H): _____

Work: _____ Cell/Mobile: _____

School Attended: _____ Grade/Level: _____

Teacher's Name: _____ School Phone: _____

Background Information

Complications, illness/infections/stress during pregnancy? Y/N (describe): _____

Complications during labor and delivery? Y / N (describe): _____

Forceps/ vacuum/C-section? Y / N (elaborate): _____

Birth Order _____ Birth weight _____

Premature/Postmature/Full Term? (circle) Apgar score at 1 minute: _____ 5 minutes: _____

Breast Fed? Y/N How long? _____ Strong Suck? Y/N Spit up frequently? Y/N

Problems with Feeding/Respiration/Sleeping? (circle) (describe) _____

Irritable/Happy/Quiet (circle) baby? Did baby arch back & head when upset? Y / N

Developmental Milestones: Please note approximate **age** at which he/she did the following:

Sat _____ Belly Crawl _____ Crawled _____ Cruised _____ Walked _____

Said First Words _____ Talked _____ Toilet Trained (bladder) _____ (bowels) _____

Undressed self _____ Dressed Self _____ Managed snaps, zippers, buttons _____

Tied shoes _____ Started Pre-School _____ Ear Infections Y/N (How many, at what ages?) _____

Allergies? Y/N (describe) _____ Seizures? Y/N (describe) _____

Injuries? Y/N (describe) _____ Hospitalizations? Y/N (describe) _____

Glasses? Y/N (condition) _____ Medications Y/N (list) _____

Age (s) and sex (s) of siblings _____

Preferred hand L/R _____ Age established? _____ No hand preference _____

Scoring: Use and **X** to mark items that currently apply to your child, deleting/modifying parts of items as appropriate. **Double X (XX)** items which are of **particular concern**. Use a **P** to mark items that **used to be a problem**, but are now resolved. Add comments, examples, & additional information on right side of page next to item. Include information reported by teacher concerning school behavior.

Vestibular (Movement and Balance)

_____ As infant, tended to arch back when held or moved _____

_____ Becomes overly excited after movement activity _____

_____ Avoids movement equipment on playground _____

_____ Plays only on _____ at playground _____

_____ Uncomfortable on elevators, escalators, motion sickness _____

_____ Excessive dizziness or nausea from swinging, spinning, riding in car _____

_____ Avoids activities which require balance _____

_____ Avoids activities in which feet leave the ground _____

_____ Fear of falling when no real danger exists _____

_____ Holds head upright when leaning or bending over; dislikes inversion, such as somersaults _____

_____ Dislikes being moved _____

_____ Fearful of being tossed in air or turned upside down _____

_____ Resists having head tilted backward _____

_____ Moves stiffly, as a single unit _____

_____ Shakes head vigorously, assumes upside down position frequently _____

_____ Difficulty sitting still _____

_____ Thrill seeker on playground _____

_____ Preoccupied with movement; seeks intense movement: spins, twirls, bounces, jumps, rocks _____

_____ Loses balance easily; fearful of challenges to balance _____

_____ Poor negotiation on uneven terrain _____

_____ Trips easily, clumsy/uncoordinated _____

_____ Fearful or hesitant when ascending, descending stairs (seeks hand, railing or walls) _____

_____ Poor sense of rhythm i.e. movement _____

Gross Motor Control- Proprioception (Muscle and joint Awareness/Function)

_____ Difficulty moving slowly or sustaining posture _____ Loose joints _____ W-sits _____

____ Appears stiff and awkward in movements, head, neck, and shoulder rigidity ____
 ____ Clumsy ____ Confused as to how to move body ____ bumps into things ____ falls out of chair ____
 ____ Tends to "lock" major joints for stability ____
 ____ Reluctant in playground participation, seeks out adults ____
 ____ Doesn't extend arms when falling to protect head ____
 ____ Difficulty grading movement, uses too little ____ too much power/force ____
 ____ Unstable posture, easily thrown off balance ____
 ____ Tends to slump in chair with rounded back, head forward, and neck extended ____
 ____ Props head on hand or lays head on forearm ____
 ____ Prefers ____ avoids ____ crunchy or chewy foods ____
 ____ Avoids vibratory devices (barber's clippers, electric toothbrushes) ____
 ____ Walks on toes frequently ____
 ____ Drags feet or poor heel-toe pattern when walking ____
 ____ Wide based stance ____
 ____ Turns whole body to look at person or object ____
 ____ Seems weaker or tires more easily than peers ____
 ____ Appears lethargic ____
 ____ Seeks sedentary play ____
 ____ Leans on objects, people for stability ____
 ____ Weak grasp ____
 ____ Cannot lift heavy objects, avoids heavy work ____
 ____ Moves with quick bursts of activity rather than sustained effort ____
 ____ Achieves standing posture by pushing off floor with hands ____
 ____ Collapses onto furniture ____
 ____ Difficulty with hopping ____ jumping ____ skipping ____ running ____ compared to others his age ____
 ____ Unable to pull up on monkey bars with flexion of arms and legs while moving from bar to bar ____
 ____ Avoids age appropriate participation in group gross motor activities ____
 ____ Tendency to confuse right and left when following verbal directions ____
 ____ Resists new physical challenges, saying "I can't" without attempting ____
 ____ Seeks vibratory stimulation ____
 ____ Craves tumbling or wrestling ____
 ____ Frequently gives or requests firm or prolonged hugs ____
 ____ Dislikes hugs ____
 ____ Plays roughly with people or objects ____
 ____ Seeks opportunities to fall, crashes into things ____
 ____ Stamps or slaps feet on ground when walking or kicks heels against floor or chair ____
 ____ Drags hands or bangs object along wall when walking ____
 ____ Cracks knuckles ____
 ____ Sets jaw when applying effort with extremities ____

___ Bites or chews objects or clothing, grinds or clenches teeth _____

___ Does not alternate feet on stairs _____

___ Difficulty moving from one floor surface to another _____

___ Does not swing arms while walking _____

___ Unusual gait (asymmetrical, stiff, broken or not smooth) _____

Tactile Function

___ Appears under _____ over _____ sensitive to pain _____

___ As infant, not calmed by cuddling/stroking _____

___ Engages in self-stimulatory behavior(s) List: _____

___ Engages in self-injurious behavior(s) List: _____

___ Tenses when patted affectionately _____

___ Negative reaction to unseen, unexpected touch _____

___ Rubs or scratches a spot that has been touched _____

___ Avoids being barefooted on textured surfaces (grass, sand) _____

___ Excessive reaction to light touch sensation (anxiety, hostility, aggression) _____

___ Unresponsive to being touched or bumped _____

___ Poor awareness of body part relationships _____

___ Hands seem to be unfamiliar appendages _____

___ Unable to identify familiar objects via touch only _____

___ Wears minimal clothes, regardless of weather _____

___ Examines objects by placing in mouth _____

___ Difficulty standing in line or close to other people _____

___ Avoids putting hands in messy substances/getting dirty _____

___ Resistive to personal grooming activities such as haircut, nail trimming, dentist, other _____

___ Avoids certain textures of clothing, materials _____

___ Frequently adjusts clothing as if feeling uncomfortable _____

___ Clothes cover entire body, regardless of weather _____

___ Socks have to be just right: no wrinkles or twisted seams _____

___ Untidy/messy dresser _____

___ Shoes worn loose or untied, or on wrong feet _____

___ Difficulty with or attachment of certain fabrics or clothing types _____

___ Hyper-responsive gag reflex _____

___ Picky eater. List food preferences: _____

___ Limits self to particular foods/temperatures. List: _____

___ Likes to be wrapped tightly in sheet or blanket, seeks tight spaces _____

___ Avoids busy, unpredictable environments _____

___ Intent on controlling/manipulating to keep environment predictable _____

___ Seeks heavy/deep pressure activities _____

Auditory

- ___ Orients adaptively to sound _____
- ___ Startles easily _____
- ___ Responds to sounds with wide open eyes and flared nostrils _____
- ___ Overly sensitive to loud sounds or noises _____
- ___ Overreacts to unexpected or loud noises (sirens, etc) _____
- ___ Irrational fear of noisy appliances _____
- ___ Covers ears to shut out objectionable auditory input _____
- ___ Hears sounds others don't hear, or before others notice _____
- ___ Sensitive to certain voice pitches _____
- ___ "Tunes out" or ignores sounds nearby _____
- ___ Attends to auditory input less than a few seconds _____
- ___ Unable to pay attention when there are other sounds nearby, easily distracted sounds _____
- ___ Poor articulation, language hard to understand _____
- ___ Flat, monotonous voice _____
- ___ Can only work with stereo, TV on _____
- ___ Needs visual cue to respond to verbal commands or requests _____
- ___ Doesn't turn & look when name is called _____
- ___ Does not attend to what is said more than ____ of the time _____
- ___ Fidgets while listening _____
- ___ Avoids eye contact while listening _____
- ___ Quickly forgets what has been said _____
- ___ Forgets daily routines _____
- ___ Struggles when attempting to repeat rhythmic sound sequences _____
- ___ Poor learning through verbal instruction _____
- ___ Difficulty relating what is seen to what is heard _____
- ___ Often misunderstands what you say _____
- ___ Has difficulty remembering: melodies_____, names_____
- ___ Confuses similar sounding words_____, has difficulty with phonetics _____
- ___ Doesn't seem to hear the beginning____ middle____ ending____ of statements _____
- ___ Frequently asks you to repeat what you have said _____
- ___ Unable to sing in tune _____
- ___ Hums, sings softly, "self-talks" though a task _____
- ___ Mispronounces words (bisghetti, magazine, etc.) _____
- ___ Voice volume too soft____ too loud _____
- ___ Slow or delayed responses to verbal instruction _____
- ___ Difficulty sequencing the order of events when telling a story/describing and event/repeating what you have said _____
- ___ Word finding difficulty, hesitant speech _____
- ___ Tendency to stutter _____
- ___ Not precise in word selection _____

____ Limited use of descriptive vocabulary _____
____ Spatial aspects of language are difficult _____
____ Participates little in conversations _____
____ Enjoys strange noises, repeats same sounds over and over _____
____ Seeks out toys, other objects which make sound _____
____ Craves music, other specific sounds _____

Oculo-Motor Control & Visual Perception

____ Poor depth perception, examples: ducks when ball approaches, difficulty with stairs _____
____ Poor awareness of space in relation to things around self _____
____ Overly sensitive to lights/sunlight _____
____ Difficulty tracking a moving target without head movement _____
____ Poor visual monitoring of hand when manipulating objects _____
____ Poor eye contact _____
____ Dislikes having vision occluded or being in the dark _____
____ Squints _____ bloodshot eyes _____ eyes tear _____ raises eyebrows _____ rubs eyes _____
____ Gets lost easily, has poor sense of direction _____
____ Poor visual monitoring of environment _____
____ Hyper vigilant or visually distracted _____
____ Difficulty with puzzles _____
____ Dislikes drawing _____
____ Difficulty finding objects in complex background _____
____ Over-stimulated by busy visual environment _____
____ Keeps eyes too close to work _____
____ Tilts head _____ props head _____ lays head on arm when sitting at table _____
____ Uses peripheral more than central vision _____
____ When reading, skips words/lines _____ loses place _____ reads slowly _____ uses finger as marker _____
____ So visually focused that does not monitor periphery/surroundings _____

Fine Motor Control

____ Right _____ Left _____ handed _____
____ Switches hands; primarily _____ handed _____
____ Poor desk posture (slumps, leans on arm, head too close to work, tilts head to side) _____
____ Difficulty grasping, maneuvering scissors _____
____ Difficulty cutting on lines _____
____ Difficulty drawing _____ coloring _____ tracing _____ copying _____, avoidance of these activities _____
____ Difficulty using both hands to: do same movement _____, do different movement with each hand _____
____ Excessive body movement while seated at desk _____
____ Pencil lines are too heavy _____, light _____, wobbly _____
____ Difficulty for age drawing forms, letters numbers _____

___ Pencil grasp is immature_____, too tight_____, too loose_____

___ Changes grasp pattern on pencil and other tools _____

___ Atypical alignment of the paper while drawing or writing _____

___ Does not stabilize paper when drawing or writing _____

___ Difficulty coloring within lines _____

___ Difficulty managing fasteners and tying shoes _____

Motor Planning and Bilateral Motor Coordination

___ Poor body scheme awareness _____

___ Immature ability to draw a person _____

___ Inefficient/disorganized with self-help skills _____

___ Ambidexterity/mixed hand dominance _____

___ Difficulty crossing body midline with head or extremities _____

___ Accident prone _____

___ Limited rotation of pelvis and/or shoulder girdle around central core of body _____

___ Poor coordination of hands and/or legs for symmetrical____asymmetrical____movements _____

___ Difficulty performing a new as opposed to a habitual, motor response strategy _____

___ Disorganized or inefficient approach to tasks _____

___ Poor articulation _____

___ Unable to conceive and organize a plan of action _____

___ Poor gross____fine____motor control of body when attempting new activities _____

___ Difficulty with verbal cues to move or position body or to play "Simon Says" _____

___ Difficulty positioning self squarely on furniture, equipment _____

___ Poor eye-hand coordination _____

___ Fails to adapt body posture to demands of activity _____

___ Extraneous movement relative to demands of task _____

___ Confuses right and left _____

___ Difficulty with timing____rhythm____sequencing____of movements _____

___ Poor eye teaming _____

___ Difficulty performing two different tasks at the same time (cut meat with a knife & fork, hold & turn paper while cutting w scissors) _____

___ Letter and number reversals _____

___ Difficulty with projected action sequences (catch a ball, bat a ball) _____

___ Problems in construction and/or manipulation of materials _____

___ Handwriting deficits _____

Taste and Smell

___ Highly sensitive to common odors or to faint odors unnoticed by others _____

___ Does not seem or notice unpleasant smells _____

___ Will not taste food prior to smelling it and approving of its' smell _____

____ Prefers bland foods ____ highly seasoned ____ foods ____
____ Hypersensitive to body odors such as breath or scents of soap, perfume, etc. ____
____ Tends to be overly focused on the taste or smell of non-food items ____

Suck, Swallow, Breathe Synchrony

____ Difficulty using straw ____ blowing bubbles ____
____ Poor lip closure on utensils when eating, drinking ____
____ Limited skill with blow toys ____
____ Able to whistle ____
____ Poor saliva control/drooling ____
____ Tongue thrust ____
____ Chokes easily on liquids and/or solids ____
____ Shallow breathing pattern ____
____ Holds breath when applying effort ____
____ Poor breath support for speech, tends to gasp for air ____
____ "Breathy" speech ____
____ Speech volume barely audible ____
____ Puts hands on hips to increase lung capacity ____
____ Mouth breathing ____
____ Lower rib cage flared ____

Self Care

____ Feeds self neatly with eating utensils ____
____ Prefers to eat with fingers ____ messy eater ____
____ Difficulty undressing self ____ Unable ____
____ Difficulty dressing self ____ Unable ____
____ Snaps ____ Zippers ____ Buttons ____ are difficult ____ impossible ____ to manage ____
____ Bathes self ____ able to wash hair ____ able to brush teeth independently ____

Emotional/Social Behaviors:

____ Can't sit still. Hyperactive ____
____ Impulsive, does not think before acting ____
____ Poor ability to shift gears/self-regulate behavior ____
____ Easily distracted, difficulty staying on task unless doing something of particular interest ____
____ Intense, explosive, prone to tantrums ____
____ Displays aggression toward self ____ toward others ____
____ Easily frustrated ____ anxious ____ overwhelmed ____
____ Clingy, whiny, cries easily ____
____ Stubborn, inflexible, uncooperative ____
____ Poor eye contact ____

___ Poor self-concept/low self-esteem _____
 ___ Highly sensitive/can't take criticism _____
 ___ Feelings of failure/frustration _____
 ___ Gives up easily _____
 ___ Poor sleep/wake cycles _____
 ___ Restless ___ deep ___ light sleeper _____
 ___ Difficulty making choices ___ Needs guidance to make good choices _____
 ___ Fearful (list): _____
 ___ Unable to adjust to changes in routines _____
 ___ Slow to, or unable to make timely transitions _____
 ___ Prefers company of adults or older children _____
 ___ Prefers to play with younger children _____
 ___ Easily discouraged or depressed _____
 ___ Enjoys team sports _____
 ___ Tends to be a leader ___ follower ___ loner _____
 ___ Poor loser _____
 ___ Fails to see humor in situations _____
 ___ Needs more protection from life than peers _____
 ___ Difficulty expressing emotions verbally _____
 ___ Overly serious _____
 ___ Active, outgoing, enthusiastic _____
 ___ Rarely happy or content _____
 ___ Does not initiate social interaction _____
 ___ Does not participate in back-and-forth (reciprocal) interaction _____
 ___ Lack of symbolic (pretend) play _____
 ___ Cannot calm self when upset _____
 ___ Needs constant attention and company _____
 ___ Seems uninterested in others _____
 ___ Minimal acknowledgement of others _____
 ___ Does not have friends _____
 ___ Does not appear to have awareness of self or others _____
 ___ Does not point, share, or show _____

Attention & Focus

___ Does not self-initiate focused activity – wanders aimlessly _____
 ___ Depends on adult input or encouragement to maintain focus _____
 ___ Resistant to structure imposed by adult _____
 ___ Gives up quickly on difficult task _____
 ___ Needs frequent breaks from focused activity _____

____Plays only very briefly before seeking new activity _____
____Difficult to engage (tunes out) _____
____Prefers only easy tasks _____

ADL

____Difficulty waiting for preferred item (impulsive) _____
____Cannot tolerate limit-setting or discipline _____
____Destructive __ purposely breaks toys or other objects _____
____Difficulty with transitions _____
____Does not follow simple instructions _____
____Overly excitable in busy or crowded settings _____
____Does not manipulate objects in functional ways _____
____Has limited danger awareness _____
____Does exact opposite of what is required or requested _____
____Gets stuck or freezes during routine tasks _____

____ Difficulty stopping an activity or task _____

Eating/Drinking

____ Swallows food without chewing _____

____ Stuff mouth or cheeks to over-full _____

____ Gulps large quantities of liquids _____

____ Intolerance of foods with particular texture or color _____

____ Low impulse control around food _____

Sleep

____ Restless ____ deep ____ light sleeper _____

____ Insomnia or restless at night _____

____ Frequent waking at night _____

____ Seems to require minimal amount of sleep _____

____ Seems to require too much sleep or at odd times _____

Digestion/Elimination

____ Incontinence of bowel or bladder _____

____ Constipation _____

____ Unusual toilet habits _____

____ Frequent gas, flatulence, burping, or throwing up _____

Mouth/Voice

____ Repeats sounds or vocalizations _____

____ Halting, limited or absent speech _____

____ Teeth grinding _____

____ Speaks very loudly or very softly _____

Gestures/Communication

____ Limited use of gestures to communicate _____

____ Does not use hands to signal or gesture _____

____ Does not use eyes to signal or communicate _____

____ Does not use voice to signal or communicate _____

Environmental Sensitivity

____ Difficulty or attraction to smells in the environment _____

____ Difficulty with particular lighting conditions (bright light, fluorescent lights) _____

Overall State

____ Frequently irritable or fussy _____

____ Often “wired”, hyperactive, or agitated _____

- ___ Unable to attain relaxed state _____
- ___ Often very inactive or unmoving or lethargic _____
- ___ Seems to need to “fix” the environment (arrange objects, chairs, etc.) _____
- ___ Often focuses on picking up lint or other debris _____
- ___ Rocking, spinning, twirling _____

Emotional Expression

- ___ Lack of expression in eyes or face _____
- ___ Facial expression inappropriate for circumstance _____
- ___ Outbursts – anger, laughing, crying _____
- ___ Difficult to read or know emotional state _____
- ___ Appears anxious or distraught _____

Spontaneity

- ___ Maintains rigid and repetitive patterns or “rules” _____
- ___ Lack of visible spontaneity _____
- ___ Strong desire or need for structure or control _____
- ___ Does not respond well to new or unfamiliar situations _____
- ___ Difficulty adapting to last minute changes _____
- ___ Unusual or unexpected movement (bolting or running into street) _____

Expressive Communication

- ___ Limited babbling at 6-12 months _____
- ___ Rarely makes sounds _____
- ___ Limited ability to make consonant sounds (p,b,m,n,d,t,w) _____
- ___ Excessive repetition of sounds, words, or phrases _____
- ___ Does not combine two words (by age 2) _____
- ___ Does not combine 3-4 words (by age 3) _____
- ___ Limited use of gestures to communicate _____
- ___ Does not use eyes to signal or communicate _____

