

12650 SE Stark Street
Portland, OR 97233

www.pdxdpediatrics.com



P: 503-477-9527
F: 503-477-952

E: info@pdxdpediatrics.com

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 to 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

Oriented 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 an 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 _____

