Sensory Processing Disorder Checklist

Name of patient: _____ Age: _____

Parent/guardian's name (if applicable): Date:

Please check all that apply.

NOTE: This is <u>NOT</u> a diagnostic tool. If you suspect that you or your child has sensory processing concerns, please consult your healthcare provider.

Tactile sense: Input from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin.

Signs of tactile dysfunction

1. Hypersensitivity to touch (tactile defensiveness)

Becomes fearful, anxious, or aggressive with light or unexpected touch
As an infant, did/does not like to be held or cuddled; may arch back, cry, and pull away
Distressed when the diaper is being, or needs to be, changed
Appears fearful of or avoids standing in close proximity to other people or peers (especially in lines)
Becomes frightened when touched from behind or by someone/something they can not see (such as under a blanket)
Complains about having hair brushed; may be very picky about using a particular brush
Bothered by rough bed sheets (i.e., if old and "bumpy")
Avoids group situations for fear of the unexpected touch
Resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them too!)
Dislikes kisses, will "wipe off" place where kissed
Prefers hugs
A raindrop, water from the shower, or wind blowing on the skin may feel like torture and produce adverse and avoidance reactions
May overreact to minor cuts, scrapes, and or bug bites
Avoids touching certain textures of material (blankets, rugs, stuffed animals)
Refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts, etc.
Avoids using hands for play
Avoids/dislikes/aversive to "messy play," i.e., sand, mud, water, glue, glitter, play dough, slime, shaving cream/funny foam, etc.
Will be distressed by dirty hands and want to wipe or wash them frequently
Excessively ticklish
Distressed by seams in socks and may refuse to wear them

	Distressed by clothes rubbing on the skin; may want to wear shorts and short sleeves year round; toddlers may prefer to be naked and pull diapers and clothes off constantly
	Or, may want to wear long sleeve shirts and long pants year-round to avoid having skir exposed
	Distressed about having face washed
	Distressed about having hair, toenails, or fingernails cut
	Is a picky eater, only eating certain tastes and textures; mixed textures tend to be avoided as well as hot or cold foods; resists trying new foods
	May refuse to walk barefoot on grass or sand
	May walk on toes only
2. Нурс	osensitivity to touch (under-responsive)
	May crave touch, needs to touch everything and everyone
	Is not aware of being touched/bumped unless done with extreme force or intensity
	Is not bothered by injuries, like cuts and bruises, and shows no distress with shots (may even say they love getting shots!)
	May not be aware that their hands or face are dirty or feel his/her nose running
	May be self-abusive, pinching, biting, or banging his own head
	Mouths object excessively
	Frequently hurts other children or pets while playing
	Repeatedly touches surfaces or objects that are soothing (i.e., blanket)
	Seeks out surfaces and textures that provide strong tactile feedback
	Thoroughly enjoys and seeks out messy play
	Craves vibrating or strong sensory input
	Has a preference and craving for excessively spicy, sweet, sour, or salty foods
3. Poor	tactile perception and discrimination
	Has difficulty with fine motor tasks such as buttoning, zipping, and fastening clothes
	May not be able to identify which part of their body was touched if they are not looking
	May be afraid of the dark
	May be a messy dresser; looks disheveled, does not notice pants are twisted, shirt is half untucked, shoes are untied, one pant leg is up and one is down, etc.
	Has difficulty using scissors, crayons, or silverware
	Continues to mouth objects to explore them even after age two
	Has difficulty figuring out physical characteristics of objects; shape, size, texture, temperature, weight, etc.
	May not be able to identify objects by feel, use vision to help, such as, reaching into a backpack or desk to retrieve an item

Vestibular sense: Input from the inner ear about equilibrium, gravitational changes, movement experiences, and position in space

Signs of vestibular dysfunction

1. Hypersensitivity to movement (over-responsive)

Avoids/dislikes playground equipment, i.e., swings, ladders, slides, or merry-go-roundPrefers sedentary tasks, moves slowly and cautiously, avoids taking risks, and may appear "wimpy"Avoids/dislikes elevators and escalators; may prefer sitting while they are on them of actually get motion sickness from themMay physically cling to an adult they trustMay appear terrified of falling even when there is no real risk of itAfraid of heights, even the height of a curb or stepFearful of feet leaving the groundFearful of going up or down stairs or walking on uneven surfacesAfraid of being tipped upside down, sideways or backward; will strongly resist gettin hair washed over the sink
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Startles if someone else moves them, i.e., pushing his/her chair closer to the table
As an infant, may never have liked baby swings or jumpers
May be fearful of and have difficulty riding a bike, jumping, hopping, or balancing on one foot (especially if eyes are closed)
May have disliked being placed on the stomach as an infant
Loses balance easily and may appear clumsy
Fearful of activities that require good balance
Avoids rapid or rotating movements
2. Hyposensitivity to movement (under-responsive)
In constant motion, can't seem to sit still
Craves fast, spinning, and/or intense movement experiences
Loves being tossed in the air
Could spin for hours and never appear to be dizzy
Loves the fast, intense, and/or scary rides at amusement parks
Always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside-down positions
Loves to swing as high as possible and for long periods of time
Is a "thrill-seeker"; dangerous at times
Always running, jumping, hopping, etc. Instead of walking

	Rocks body, shakes leg, or head while sitting
	Likes sudden or quick movements, such as going over a big bump in the car or on a bike
3. Poor	muscle tone and/or coordination
	Has a limp, "floppy" body
	Frequently slumps, lies down, and/or leans head on hand or arm while working at his/her desk
	Difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman" position)
	Often sits in a "w sit" position on the floor to stabilize the body
	Fatigues easily!
	Compensates for "looseness" by grasping objects tightly
	Difficulty turning doorknobs, handles, opening and closing items
	Difficulty catching him/herself if falling
	Difficulty getting dressed and doing fasteners, zippers, and buttons
	May have never crawled as a baby
	Has poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy
	Poor gross motor skills; jumping, catching a ball, jumping jacks, climbing a ladder, etc.
	Poor fine motor skills; difficulty using "tools", such as pencils, silverware, combs, scissors, etc.
	May appear ambidextrous, frequently switching hands for coloring, cutting, writing, etc., does not have an established hand preference/dominance by 4 or 5 years old
	Has difficulty licking an ice cream cone
	Seems to be unsure about how to move the body during movement, for example, stepping over something
	Difficulty learning exercise or dance steps
	ceptive sense: Input from the muscles and joints about body position, weight, pressure, movement, and changes in position in space.
Signs o	f proprioceptive dysfunction
1. Sens	ory-seeking behaviors
	Seeks out jumping, bumping, and crashing activities
	Stomps feet when walking
	Kicks his/her feet on the floor or chair while sitting at a desk/table
	Bites or sucks on fingers and/or frequently cracks his/her knuckles
	Loves to be tightly wrapped in many or weighted blankets, especially at bedtime

	Prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
	Loves/seeks out "squishing" activities
	Enjoys bear hugs
	Excessive banging on/with toys and objects
	Loves "roughhousing" and tackling/wrestling games
	Frequently falls on floor intentionally
	Would jump on a trampoline for hours on end
	Grinds his/her teeth throughout the day
	Loves pushing/pulling/dragging objects
	Loves jumping off furniture or from high places
	Frequently hits, bumps, or pushes other children
	Chews on pens, straws, shirt sleeves, etc.
2. Difficu	Ity with "grading of movement"
	Misjudges how much to flex and extend muscles during tasks/activities (i.e., putting arms into sleeves or climbing)
	Difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of writing utensil breaks
	Written work is messy, and he/she often rips the paper when erasing
	Always seems to be breaking objects and toys
	Misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy
	May not understand the idea of "heavy" or "light"; would not be able to hold two objects and tell you which weighs more
	Seems to do everything with too much force, i.e., walking, slamming doors, pressing things too hard, slamming objects down
	Plays with animals with too much force, often hurting them
Signs of a	uditory dysfunction: (no diagnosed hearing problem)
1. Hypers	ensitivity to sounds (auditory defensiveness)
	Distracted by sounds not normally noticed by others, i.e., humming of lights or refrigerators, fans, heaters, or clocks ticking
	Fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking
	Startled with or distracted by loud or unexpected sounds
	Bothered/distracted by background environmental sounds, i.e., lawn mowing or outside construction
	Frequently asks people to be quiet, i.e., stop making noise, talking, or singing

	Runs away, cries, and/or covers ears with loud or unexpected sounds
	May refuse to go to movie theaters, parades, skating rinks, musical concerts etc.
	May decide whether they like certain people by the sound of their voice
2. Hypos	sensitivity to sounds (under-registers)
	Often does not respond to verbal cues or to name being called
	Appears to "make noise for noise's sake"
	Loves excessively loud music or TV
	Seems to have difficulty understanding or remembering what was said
	Appears oblivious to certain sounds
	Appears confused about where a sound is coming from
	Talks self through a task, often out loud
	Had little or no vocalizing or babbling as an infant
	Needs directions repeated often or will say, "What?" frequently
Signs of	oral input dysfunction
1. Hyper	sensitivity to oral input (oral defensiveness)
	Picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands, resistive to trying new foods or restaurants, and may not eat at other people's houses)
	May only eat "soft" or pureed foods past 24 months of age
	May gag with textured foods
	Has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking
	Resists/refuses/extremely fearful of going to the dentist or having dental work done
	May only eat hot or cold foods
	Refuses to lick envelopes, stamps, or stickers because of their taste
	Dislikes or complains about toothpaste and mouthwash
	Avoids seasoned, spicy, sweet, sour, or salty foods; prefers bland foods
2. Hypos	sensitivity to oral input (under-registers)
	May lick, taste, or chew on inedible objects
	Prefers foods with intense flavor, i.e., excessively spicy, sweet, sour, or salty
	Excessive drooling past the teething stage
	Frequently chews on hair, shirt, or fingers
	Constantly putting objects in mouth past the toddler years

	Acts as if all foods taste the same
	Can never get enough condiments or seasonings on his/her food
	Loves vibrating toothbrushes and even trips to the dentist
Signs c	f olfactory dysfunction (smells)
1. Нуре	rsensitivity to smells (over-responsive)
	Reacts negatively to or dislikes smells that do not usually bother, or get noticed, by other people
	Tells other people (or talks about) how bad or funny they smell
	Refuses to eat certain foods because of their smell
	Offended and/or nauseated by bathroom odors or personal hygiene smells
	Bothered/irritated by the smell of perfume or cologne
	Bothered by household or cooking smells
	May refuse to play at someone's house because of the way it smells
	Decides whether he/she likes someone or someplace by the way it smells
2. Нурс	sensitivity to smells (under-responsive)
	Has difficulty discriminating unpleasant odors
	May drink or eat things that are poisonous because they do not notice the noxious smell
	Unable to identify smells from scratch 'n sniff stickers
	Does not notice odors that others usually complain about
	Fails to notice or ignore unpleasant odors
	Makes excessive use of smelling when introduced to objects, people, or places
	Uses smell to interact with objects
Signs c	f visual input dysfunction (no diagnosed visual deficit)
1. Нуре	rsensitivity to visual input (over-responsiveness)
	Sensitive to bright lights; will squint, cover eyes, cry, and/or get headaches from the light
	Has difficulty keeping eyes focused on the task/activity he/she is working on for an appropriate amount of time
	Easily distracted by other visual stimuli in the room, i.e., movement, decorations, toys, windows, doorways etc.
	Has difficulty in bright, colorful rooms or a dimly lit room
	Rubs his/her eyes, has watery eyes, or gets headaches after reading or watching tv
	Avoids eye contact

	Has difficulty telling the difference between similar printed letters or figures, i e., p & q, b & d, + and x, or square and rectangle
	Has a hard time seeing the "big picture"; i.e., focuses on the details or patterns within the picture
	Has difficulty locating items among other items, i.e., papers on a desk, clothes in a drawer, items on a grocery shelf or toys in a bin/toy box
	Often loses place when copying from a book or the chalkboard
	Difficulty controlling eye movement to track and follow moving objects
	Has difficulty telling the difference between different colors, shapes, and sizes
	Often loses his/her place while reading or doing math problems
	Makes reversals in words or letters when copying or reads words backward; i. e., "was for "saw" and "no" for "on" after first grade
	Complains about "seeing double"
	Difficulty finding differences in pictures, words, symbols, or objects
	Difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line
	Tends to write at a slant (up or downhill) on a page
	Confuses left and right
	Fatigues easily with schoolwork
	Difficulty judging spatial relationships in the environment, i.e., bumps into objects/people or missteps on curbs and stairs
Social, e	motional, play, and self-regulation dysfunction
Social	
	Difficulty getting along with peers
	Prefers playing by themself with objects or toys rather than with people
	Does not interact reciprocally with peers or adults; hard to have a "meaningful" two- way conversation
	Self-abusive or abusive to others
	Others have a hard time interpreting child's cues, needs, or emotions
	Does not seek out connections with familiar people
	al
Emotiona	
Emotiona	Difficulty accepting changes in routine (to the point of tantrums)
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	Variable and quickly changing moods; prone to outbursts and tantrums
	Prefers to play on the outside, away from groups, or just be an observer
	Avoids eye contact
	Difficulty appropriately making needs known
	Difficulty with imitative play (over 10 months)
	Wanders aimlessly without purposeful play or exploration (over 15 months)
	Needs adult guidance to play, difficulty playing independently (over 18 months)
	Participates in repetitive play for hours; i.e., lining up toys cars, blocks, watching one movie over and over etc.
Self-reg	julation
	Excessive irritability, fussiness, or colic as an infant
	Can't calm or soothe self through pacifier, comfort object, or caregiver
	Can't go from sleeping to awake without distress
	Requires excessive help from a caregiver to fall asleep, i.e., rubbing back or head, rocking long walks, or car rides
Internal	regulation (the interoceptive sense)
	Becoming too hot or too cold sooner than others in the same environments; may not appear to ever get cold/hot, may not be able to maintain body temperature effectively
	Difficulty in extreme temperatures or going from one extreme to another (i.e., winter, summer, going from air conditioning to outside heat, a heated house to the cold outside)
	Respiration that is too fast, too slow, or cannot switch from one to the other easily as the body demands an appropriate respiratory response
	Heart rate that speeds up or slows down too fast or too slow based on the demands imposed on it
	Respiration and heart rate that takes longer than what is expected to slow down during or after exertion or fear
	Severe/several mood swings throughout the day (angry to happy in short periods of time, perhaps without visible cause)
	Unpredictable state of arousal or inability to control arousal level (hyper to lethargic, quickly, vacillating between the two; over stimulated to under stimulated, within hours or days, depending on activity and setting, etc.)
	Frequent constipation or diarrhea, or mixed during the same day or over a few days
	Difficulty with potty training; does not seem to know when he/she has to go (i.e., cannot feel the necessary sensation that bowel or bladder is full
	Unable to regulate thirst; always thirsty, never thirsty, or oscillates back and forth
	Unable to regulate hunger; eats all the time, won't eat at all, unable to feel full/hungry
	Unable to regulate appetite; has little to no appetite and/or will be "starving" one minute, then full two bites later, then back to hungry again (prone to eating disorders and/or failure to thrive)

Bromley Education Matters (2024). Sensory processing disorder checklist: signs and symptoms. <u>https://bromleyeducationmatters.uk/Pages/Download/1734b145-c2b2-41f2-b40d-530e916a697c/PageSectionDocuments</u>