SENSORY QUESTIONNAIRE

Students Name_____

Date_____

Please circle best option: **1=No, not too bad----------5= Yes, major issue**

Movement

1.	Clumsy or awkward when moving	1	2	3	4	5
2.	Constantly moving, fidgeting, in odd positions	1	2	3	4	5
3.	Chooses sedentary options, avoids movement activities	1	2	3	4	5
4.	Withdraws from active environments	1	2	3	4	5
5.	Always "on the go"	1	2	3	4	5
6.	Walks on toes (or history of walking on toes)	1	2	3	4	5
7.	Trouble transitioning from recess to desk time	1	2	3	4	5
8.	Standing, walking the room, lots of excuses to move	1	2	3	4	5

Touch

9.	Comes too close in personal space	1	2	3	4	5
10.	Fidgets, touches items or people more than peers	1	2	3	4	5
11.	Seeks out certain fabrics, textures or objects	1	2	3	4	5
12.	Avoids activities that are messy (paint etc)	1	2	3	4	5
13.	Avoids people getting too close or touching	1	2	3	4	5
14.	Notices tags, seams and is distracted by this	1	2	3	4	5
15.	Irritated when working in close proximity to others	1	2	3	4	5
16.						

Auditory

17.	Misses oral instruction in class more than others	1	2	3	4	5
18.	Hums, whistles, sings or makes noises	1	2	3	4	5
19.	Trouble participating in groups or noisy settings	1	2	3	4	5
20.	Seems overly bothered by loud sounds	1	2	3	4	5
21.	Distracted or has trouble completing tasks with noise	1	2	3	4	5
22.	Difficulty with large group setting (lunch, assembly)	1	2	3	4	5

Visual

23.	Misses written directions more than others	1	2	3	4	5
24.	Doesn't watch instruction but can perform activity	1	2	3	4	5
25.	Spins or flicks items in front of eyes	1	2	3	4	5
26.	Distracted by nearby visual stimuli (windows, pictures)	1	2	3	4	5
27.	Watches as people move around the room	1	2	3	4	5
28.	Seems oblivious within an active space	1	2	3	4	5
29.	Wears a hoodie or has face covered by hair/hat	1	2	3	4	5

Oral

30.	Chews fingernails, pencils, clothes more than peers	1	2	3	4	5
31.	Chews or licks nonfood objects	1	2	3	4	5
32.	Pulls at or bites lip, mouth movements	1	2	3	4	5
33.	Drooling or poor management of oral secretions	1	2	3	4	5