

Does your child (Do you):

- Have unusual eating habits?
- Have unusual sleeping habits or sleep schedule?
- Have great difficulty with transitions (large life changes or small everyday occurrences)?
- Become engrossed in a single activity for long periods of time, tuning out everything else?
- Have difficulty with change in daily life or in the surrounding environment?

Oversensitivity to Sensory Stimulation

Does your child (Do you):

- Dislike getting splashed?
- Dislike the feel of sand at the beach?
- Avoid touching anything messy?
- Wash hands frequently or touch items through fabric?
- Hate to be barefoot, or hate to wear shoes or socks?
- Frequently get motion sickness?
- Avoid amusement park rides that drop, climb, spin, or go upside down?
- Prefer bland foods or dislike anything spicy?
- Become nauseated or gag from certain cooking, cleaning, perfume, or bodily odors?
- Become overstimulated when people come to the house or when in a crowd?
- React negatively to noises that other people are not bothered by (clocks, refrigerators, fans, people talking, blenders, vacuum cleaners, animals, etc.)?
- Overreact to loud noises, like sirens or thunder?
- Dislike patterns, bright colors, or stripes?
- Dislike messy environments or like things placed in a certain order?
- Dislike food that is touching together on the same plate?

Undersensitivity to Sensory Stimulation

Is your child (Are you):

- Unable to recognize stimuli that most would find alerting or strong?
- Unable to identify food that has gone bad by smell?
- Have difficulty being able to smell dangerous smells (smoke, noxious fumes, or something burning)?
- Unable to notice pain as others do?
- Lethargic?
- Unable to notice when hands or face are dirty?

FIGURE 3.1. Sensory processing disorder checklist. Based on the checklists by Michelle Mitchell, <http://sensory-processing-disorder.com>, and Don Travis, www.spdfoundation.net.

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- Late in potty training (unable to identify an urge to go)?
- Slow or unable to catch self when falling or protect self from getting hurt; lacks reflexes?
- Unable to wake up in the morning, even with an alarm clock?

Sensory Seeking

Does your child (Do you):

- Love being touched, has to touch everything?
- Fidget with anything within reach all the time?
- Often touch, twist, or suck on hair (her own or others')?
- Love fast and/or dangerous rides and sports?
- Often rock or sway body back and forth while seated or standing still?
- Frequently tip chair back on two legs?
- Constantly chew on things?
- Prefer foods with strong tastes and flavors?
- Bite nails, fingers, lips, inside of cheeks?
- Love to sleep under multiple sheets and heavy blankets?
- Seek out crashing or "squishing" activities (may jump on furniture or run into people)?
- Frequently smell unfamiliar objects?
- Frequently lick or taste objects in the environment that others would not put in the mouth?

Sensory Discrimination

Does your child (Do you):

- Have difficulty finding items in a cupboard, drawer, in the closet, or on a grocery shelf?
- Have difficulty recognizing/interpreting/following traffic signs?
- Get disoriented and/or lost easily in stores or other buildings?
- Have difficulty concentrating on or watching a movie/TV show when there is background noise or distractions?
- Have difficulty remembering what people say?
- Have difficulty following directions if given two or three at a time?
- Talk too loud or too soft?
- Have difficulty eating an ice-cream cone neatly?
- Bump into things frequently?
- Push too hard on objects, accidentally breaking them?
- Often reverse numbers or letters or process them backward?
- Have difficulty telling time on an analog clock?
- Have difficulty reading and understanding a map, bus schedule, or directions?
- Have difficulty organizing or grouping things by categories, similarities, and/or differences?
- Have difficulty reading text on a computer screen?
- Have difficulty lining up numbers correctly for math problems and/or balancing a checkbook?

FIGURE 3.1. *(continued)*

Sensory-Based Motor Abilities

Does/did your child (Do you):

- Have difficulty learning to ride a bike, roller skate, skateboard, etc.?
- Have trouble because he/she is clumsy, uncoordinated, or accident prone?
- Have difficulty walking on uneven surfaces?
- Have trouble with fine-motor tasks, such as buttoning, zipping, tying, playing games with small parts, closing ziplock bags, etc.?
- Confuse left and right sides?
- Prefer sedentary tasks, avoiding sports or physical activities?
- Often hum or talk to self while concentrating on a task?
- Have difficulty learning new motor tasks or completing motor tasks with several steps?
- Lose balance frequently, maybe even while standing still?

Internal Regulation

Does your child (Do you):

- Have difficulty falling asleep or getting on a sleep schedule?

Is your child (Are you):

- Over- or undersensitive to bowel and bladder sensations?
- Over- or undersensitive to hunger and thirst?

Are there any other experiences that are very bothersome to your child (you) that I did not ask about?

Are there any other experiences that are particularly pleasurable or soothing to your child (you) that I did not ask about?

FIGURE 3.1. *(continued)*

Antecedents: What was the situations or environment when the behavior occurred? What happened just before the behavior occurred? (places, situations, who is present, internal sensory experiences, as well as external triggers such as noise level, temperature, smells, tactile information [clothing included]).

Behavior: What was the specific behavior that occurred?

Consequences: What happened after the child engaged in the behavior? (include changes in the child's state of being, as well as reactions from those around the child).

Date	Antecedents	Behaviors	Consequences

FIGURE 3.2. ABCs of behavior.

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