



Physical, Occupational & Speech Therapy

Sensory Questionnaire

This questionnaire is only for therapist and parent information

Please check all that apply:

- Shows poor attention to task
- Seems to withdraw from touch
- Has trouble keeping hands to self
- Has troubles standing in lines or close to others

- Does not tolerate touching art materials (such as glue, paint)
- Does not like hands dirty
- Loses balance during activities
- Seeks all kinds of movement and this interferes with daily routines
(ex: cant sit still, fidgets)
- Avoids playground equipment or moving toys
- Rocks in chair/couch/floor
- Cannot work/play with background noises
- Responds negatively to unexpected or loud noises
- Holds hands over ears to protect ears from sound
- Easily distracted by visual stimulation
- Covers eyes or squints
- Gags easily with food textures or food utensils in mouth
- Chews or licks nonfood objects
- Drools