Sensory Profile Questionnaire

Child's name: _____ **Date of birth:** _____ dd / mm / yyyy

Date: _____ dd / mm / yyyy **Completed by:** _____

Relationship to child: _____ **Service provider's name:** _____

Discipline: _____

Instructions: Circle the number that best describes how often your child responds in the way each statement describes. Please answer every statement. If you have not seen the behavior, or it does not apply to your child, draw an X through the numbers for that item. Write any comments in the box at the end of each section. Leave the section raw score total blank, because the clinician completes it.

RESPONSE KEY

1 Always	2 Frequently	3 Occasionally	4 Seldom	5 Never
responds this way about 100% of the time	about 75% of the time	about 50% of the time	about 25% of the time	0% of the time

SENSORY PROCESSING — A. AUDITORY PROCESSING

1. Responds negatively to unexpected or loud noises (for example, cries or hides at noise from a vacuum cleaner, dog barking, or hair dryer)
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. Holds hands over ears to protect ears from sound
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. Has trouble completing tasks when the radio is on
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. Is distracted or has trouble functioning if there is a lot of noise around
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5. Can't work with background noise (for example, a fan or a refrigerator)
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
6. Appears to not hear what you say (for example, does not tune in to what you say, or appears to ignore you)
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
7. Doesn't respond when name is called, but you know the child's hearing is OK
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
8. Enjoys strange noises, or seeks to make noise for noise's sake
   ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Section raw score total _____ Possible range 8—40. Completed by the clinician.

Comments — Auditory processing

B. VISUAL PROCESSING

9. Prefers to be in the dark

1 2 3 4 5

10. Expresses discomfort with or avoids bright lights (for example, hides from sunlight through the window in a car)

1 2 3 4 5

11. Watches everyone as they move around the room

1 2 3 4 5

12. Becomes frustrated when trying to find objects in competing backgrounds (for example, a cluttered drawer)

1 2 3 4 5

13. Has difficulty putting puzzles together, compared with children of the same age

1 2 3 4 5

14. Is bothered by bright lights after others have adapted to the light

1 2 3 4 5

15. Covers eyes or squints to protect eyes from light

1 2 3 4 5

16. Looks carefully or intensely at objects or people (for example, stares)

1 2 3 4 5

17. Has a hard time finding objects in competing backgrounds (for example, shoes in a messy room, or a favorite toy in a junk drawer)

1 2 3 4 5

Section raw score total _____ Possible range 9—45. Completed by the clinician.

Comments — Visual processing

C. TOUCH PROCESSING

18. Pulls away from light or unexpected touch (for example, when brushed against in a line or a crowd)

1 2 3 4 5

19. Becomes distressed during grooming, such as hair brushing, nail cutting, or face washing

1 2 3 4 5

20. Avoids messy play with materials such as sand, paint, glue, or food

1 2 3 4 5

21. Complains about clothing textures, seams, labels, or tight waistbands

1 2 3 4 5

22. Wears the same few fabrics and refuses anything else

1 2 3 4 5

23. Touches people and objects constantly, even after being asked to stop

1 2 3 4 5

24. Seeks deep pressure, such as tight hugs, heavy blankets, or squeezing into small spaces

1 2 3 4 5

25. Does not seem to notice cuts, bruises, or dirt on hands and face

1 2 3 4 5

26. Reacts strongly to temperature on the skin, such as cold water or a warm bath

1 2 3 4 5

Section raw score total _____ Possible range 9—45. Completed by the clinician.

Comments — Touch processing

D. MOVEMENT PROCESSING

27. Becomes anxious or distressed when both feet leave the ground

1 2 3 4 5

28. Avoids playground equipment that moves, such as swings, slides, or roundabouts

1 2 3 4 5

29. Feels sick or complains of dizziness after a car ride, a lift, or a swing

1 2 3 4 5

30. Holds on to walls, rails, or an adult's hand when walking on uneven ground

1 2 3 4 5

31. Rocks, spins, or bounces in the chair while seated at a table

1 2 3 4 5

32. Seeks fast or intense movement, such as spinning for long periods without becoming dizzy

1 2 3 4 5

33. Takes physical risks on climbing frames or stairs without checking for safety

1 2 3 4 5

34. Loses balance or falls more often than children of the same age

1 2 3 4 5

35. Becomes overly excited and is hard to settle after active movement play

1 2 3 4 5

Section raw score total _____ Possible range 9—45. Completed by the clinician.

Comments — Movement processing

E. BODY POSITION PROCESSING

36. Leans on furniture, walls, or people rather than sitting or standing unsupported

1 2 3 4 5

37. Grips pencils, cutlery, or toys much harder than the task needs

1 2 3 4 5

38. Bumps into furniture, doorways, or other children when moving around a room

1 2 3 4 5

39. Stamps feet, jumps heavily, or walks with loud footsteps

1 2 3 4 5

40. Seeks heavy work, such as pushing, pulling, carrying, or lifting objects

1 2 3 4 5

41. Slumps at the table or props the head on a hand when seated

1 2 3 4 5

42. Uses too much or too little force with everyday objects, such as tearing paper or dropping cups

1 2 3 4 5

43. Tires quickly during activities that need steady posture, such as sitting on the floor

1 2 3 4 5

Section raw score total _____ Possible range 8—40. Completed by the clinician.

Comments — Body position processing

F. ORAL SENSORY PROCESSING

44. Refuses foods with certain textures, such as lumpy, crunchy, or mixed textures

1 2 3 4 5

45. Gags or retches at the sight, smell, or taste of particular foods

1 2 3 4 5

46. Eats only a small range of foods and resists trying anything new

1 2 3 4 5

47. Notices smells that other people do not comment on, such as soap or cleaning products

1 2 3 4 5

48. Avoids places because of the smell, such as a canteen, a bathroom, or a busy kitchen

1 2 3 4 5

49. Chews or mouths objects that are not food, such as clothing, pencils, or toys

1 2 3 4 5

50. Prefers strongly flavored foods, such as very spicy, sour, or salty items

1 2 3 4 5

51. Smells objects, people, or food before touching or eating them

1 2 3 4 5

52. Overfills the mouth, or holds food in the cheeks without swallowing

1 2 3 4 5

Section raw score total _____ Possible range 9—45. Completed by the clinician.

Comments — Oral sensory processing

SCORING SUMMARY

Sensory section	Items	Possible range	Raw score total
A. Auditory processing	1—8	8—40	
B. Visual processing	9—17	9—45	
C. Touch processing	18—26	9—45	
D. Movement processing	27—35	9—45	
E. Body position processing	36—43	8—40	
F. Oral sensory processing	44—52	9—45	
Total score	**1—52**	**52—260**	

HOW TO READ THE SCORES

Add the circled numbers within each section to get that section's raw score total, then add the six section totals to get the total score. Because **1 means always** and **5 means never**, a lower total points to behaviors that show up more often in that sensory system.

Compare the six section totals against each other before you look at the total. A child can sit mid-range overall and still show one section well below the rest, and that section is usually where intervention starts.

This form is a structured observation record for use inside your practice. It is not a normed test, so it does not produce standard scores. Classification bands such as typical performance, probable difference, and definite difference come from the normative tables of the published instrument you are using, such as Sensory Profile 2 or the Short Sensory Profile. Record this form's totals alongside those results, and repeat the form to track change over time.

CLINICIAN INTERPRETATION

Clinician name: _____ **Signature:** _____

Date: _____ dd / mm / yyyy **Review date:** _____ dd / mm / yyyy