



AMY ZIER & ASSOCIATES, INC.

Pediatric Therapy

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PARENT SENSORY PROCESSING & MOTOR CONTROL QUESTIONNAIRE

Date: Birth date: ___/___/___ Age: ___

Child's Name: Gender: M / F

Parents/Guardians:

Address: Phone (H): (W):

School Attended: Grade Level:

Teacher's Name: School Phone:

Background Information

Complications, illnesses/infections/stress during pregnancy: Y / N (describe)

Forceps / Vacuum / C-section? Yes / No

Birth Order: Birth Weight:

Premature / Post Mature / Full Term APGAR score at 1 minute: 5 minute:

Breast fed: Y / N How long? Problems with feeding or respiration? Y / N (describe)

Developmental Milestones: Please note approximate age at which he/she did the following:

Rolled: Sat: Belly Crawled: Crawled: Cruised: Walked: Said first words: Talked:

Toilet Trained: (Bladder) (Bowels) Undressed Self: Dressed Self:

Managed snaps, zippers, buttons: Tied Shoes: Started Preschool:

Ear Infections? Y / N (How many, at what ages):

Allergies? Y / N (describe) Seizures? Y / N (describe)

Injuries? Y / N (describe) Hospitalization? Y / N (describe)

Scoring code: X = currently applies; XX = of particular concern; P = used to be a problem

Glasses? Y / N (condition) _____ Medications? Y / N _____

Age and gender of sibling(s):

Preferred Hand: L / R Age when preferred hand established?

Scoring: Use an 'X' to mark items which currently apply to your child—deleting or modifying parts of items as appropriate. Double 'X' (XX) items which are of particular concern. Use a 'P' to mark items which used to be a problem, but are now resolved. Add comments, examples, additional information.

Vestibular (Movements and Balance)

- ___ Becomes overly excited after movement activity
- ___ Thrill seeker on the playground
- ___ Avoids movement equipment on playground, prefers to play on: _____
- ___ Seeks intense movements: spins, twirls, bounces, jumps, rocks
- ___ Shakes head vigorously, assumes upside down positions frequently
- ___ Uncomfortable on elevators, escalators, motion sickness
- ___ Excessive dizziness or nausea from swinging, spinning, riding in car
- ___ Preoccupied with movement activities, can't sit still
- ___ Avoids activities which require balance/loses balance easily
- ___ Poor navigation on uneven terrain
- ___ As infant, tended to arch back when held or moved
- ___ Avoids activities in which feet leave the ground
- ___ Fearful of simple challenges to balance
- ___ Trips easily, clumsiness
- ___ Fear of heights, climbing, fear of falling when no real danger exists
- ___ Hesitant when climbing or descending stairs (seeks hand, railing or walls)
- ___ Dislikes being moved
- ___ Protests head being tipped backward
- ___ Fearful of being tossed in air or turned upside down
- ___ Bumps head often: doesn't extend arms when pushed from behind
- ___ Often holds head, neck and shoulders stiffly
- ___ Holds head upright when bending over or leaning (dislikes summersaults)

Proprioceptive Functions

- ___ Difficulty controlling movement uses too little or too much power/force
- ___ Insecure regarding body movement
- ___ Poor posture/postural instability
- ___ Slumps in chair with rounded back and head forward and extended
- ___ Props head on hand or forearm
- ___ Prefers/avoids crunchy or chewy foods

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Proprioceptive Functions (cont.)

- ___ Difficulty changing positions or moving slowly
- ___ Avoids/seeks vibratory stimulation (barber's clips, electric toothbrushes, vibrator)
- ___ Craves tumbling or wrestling
- ___ Frequently gives or resists firm or prolonged hugs
- ___ Seeks out adults when on playground
- ___ Walks on toes frequently
- ___ Drags feet or poor-heel-toe pattern when walking
- ___ Wide based stance
- ___ Turns whole body to look at person or object
- ___ Moves stiffly, head, neck, shoulder rigidly
- ___ Plays roughly with people or objects
- ___ Bumps into things
- ___ Avoids participation in ordinary movement experiences
- ___ Resists new physical challenges
- ___ Seems weaker, or tires more easily than peers
- ___ Appears lethargic
- ___ Seeks sedentary play
- ___ Leans on objects, people for stability
- ___ Weak pencil grasp, little pencil pressure
- ___ Cannot lift heavy objects
- ___ Moves with quick bursts of activity rather than sustained movement
- ___ Achieves standing posture by pushing off floor with hands
- ___ Joints extremely flexible
- ___ Collapses onto furniture
- ___ Avoids "heavy work" activities
- ___ Seeks opportunities to fall, crashes into things
- ___ Stumps or slaps feet on ground when walking
- ___ Kicks heels against floor or chair
- ___ Bangs stick or other objects along wall or fence when walking
- ___ Cracks knuckles
- ___ Grinds teeth, bites or chews objects, clothing

Tactile Function

- ___ Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- ___ Tenses when patted affectionately
- ___ Difficulty standing in line or close to other people
- ___ Stands too close to people to the point of irritation

- ___ Tenses when patted affectionately
- ___ Negative reaction to unseen, unexpected touch
- ___ Clothes cover entire body, regardless of weather
- ___ Wears minimal clothes regardless of weather
- ___ Avoids certain textures of clothing, materials
- ___ Avoids putting hands in messy substances/getting dirty
- ___ Engages in self-injurious behavior(s). List: _____
- ___ Likes to be wrapped tightly in sheet or blanket, seeks tight spaces
- ___ Seeks tight spaces
- ___ Engages in self-stimulatory behavior(s). List _____
- ___ Frequently adjusts clothing as if feeling uncomfortable
- ___ Touches everything, can't keep hands to self
- ___ No apparent response to being touched or bumped
- ___ Avoids busy, unpredictable environments
- ___ Intent on controlling/manipulating to keep environment predictable
- ___ Resistive to grooming activities such as haircut, nail trims, dentist. List: _____
- ___ Extreme reaction to tickling
- ___ Examines objects by placing in mouth
- ___ Appears under/over sensitive to pain (circle if applicable)
- ___ Avoids crunchy/chewy foods
- ___ Socks have to be just right: no wrinkles, twisted seams
- ___ Picky eater; prefers certain textures. List: _____
- ___ Limits self to particular foods/temperatures. List: _____
- ___ Hands seem to be unfamiliar appendages
- ___ Difficulty identifying which body part touched without vision
- ___ Untidy/messy dresser
- ___ Shoes worn loose or untied, or on wrong feet
- ___ Unable to identify familiar objects via touch only
- ___ Poor awareness of body part relationships
- ___ Rubs or scratches a spot that has been touched
- ___ Hyperactive gag response
- ___ Avoids/seeking going barefoot on textured surfaces (grass, sand)

Auditory

- ___ Overly sensitive to loud sounds or noises
- ___ Covers ears to shut out auditory input
- ___ Hears sound others don't hear, or before others notice

- Sensitive to certain voice pitches
- "Tunes out" or ignores sounds nearby
- Unable to pay attention when there are other sounds nearby
- Irrational fear of noisy appliances
- Can only work with stereo/TV on
- Hums, sings softly, "self talks" through a task
- Language hard to understand
- Voice volume too soft or too loud
- Seeks out toys, other objects which make sound. List: _____
- Craves music, other specific sounds
- Needs visual cue to respond to verbal commands or requests
- Needs increased volume to respond
- Mispronounces words (bisghetti, mazagine, mapkin etc.)
- Doesn't respond when name is called
- Appears not to hear what is said
- Frequently misunderstands what you say or responds with incomplete understanding
- Doesn't seem to hear the beginning or middle of statements
- Frequently asks you to repeat what you have said
- Slow or delayed responses
- Difficulty sequencing the order of events when telling a story/describing an event
- Word finding difficulty
- Not precise in word selection
- Limited use of descriptive vocabulary
- Participates little in conversation
- Enjoys strange noises, makes repetitive sounds

Oculo-Motor Control & Visual Perception

- Poor depth perception, difficulty or hesitancy climbing or descending stairs
- Poor awareness of space in relation to things around self/ gets lost easily
- Skips words/lines or loses place when reading
- Letters/numbers/word reversals
- Overly sensitive to lights/sunlight
- Difficulty tracking a moving target
- Poor visual monitoring of hand when manipulating objects
- Poor eye contact
- Dislikes having vision occluded or being in the dark
- Squints, bloodshot eyes, eyes tear, raises eyebrows, rubs eyes

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Oculo-Motor Control & Visual Perception (cont.)

- ___ Fails to notice visual cues from environment
- ___ Hypervigilant or visually distracted
- ___ Difficulty with/enjoys puzzles
- ___ Writing illegible/misplaced on lines per page
- ___ Dislikes/likes drawing
- ___ Difficulty finding objects in complex background
- ___ Over stimulated by busy visual environment
- ___ Keeps eyes too close to work
- ___ Tilts head/props head/lays head on arm
- ___ Uses peripheral more than central vision

Taste and Smell

- ___ Highly sensitive to common odors or to faint odors unnoticed by others
- ___ Does not seem to notice unpleasant smells
- ___ Tends to overly focus on the taste and smell of non-food items
- ___ Will not taste food prior to smelling it and approving of its smell
- ___ Prefers bland foods/highly seasoned foods (circle appropriate one)
- ___ Hypersensitive to body odors (breath, scents of soap, perfume, etc.)

Suck, Swallow, Breathe Synchrony

- ___ Difficulty using straw
- ___ Poor lip closure on eating, drinking, utensils
- ___ Limited skill with blow toys
- ___ Unable to whistle
- ___ Poor saliva control/drooling
- ___ Tongue thrust
- ___ Shallow breathing pattern
- ___ Chokes easily on liquids and/or solids
- ___ Holds breathe when applying effort
- ___ Poor breathe support for speech – runs out of breath in mid sentence
- ___ "Breathy speech"
- ___ Speech volume barely audible
- ___ Puts hands on hips to increase lung capacity
- ___ Mouth breathing
- ___ Lower rib cage flared

Fine Motor Skill

- ___ Difficulty drawing, coloring, cutting
- ___ Lines when drawing are too light, wobbly, too dark, breaks pencil often (circle appropriate)

- ___ Poor handwriting in printing, cursive
- ___ Lack of well established hand dominance
- ___ Difficulty using two hands together
- ___ Prefers to eat with fingers
- ___ Snaps/zippers/buttons are difficult/impossible to manage
- ___ Immature grasp of tools such as a pencil, fork, spoon, toothbrush
- ___ Enjoys manipulative, puzzles, construction toys, coloring, drawing (circle appropriate)

Bilateral Motor Coordination & Motor Planning

- ___ Difficulty crossing body midline with head or arms/legs
- ___ Limited rotation of pelvis and/or shoulder girdle around center core of body
- ___ Difficulty performing two different tasks at same time (cut meal with a knife and fork, hold and turn paper while cutting with scissors)
- ___ Letter and number reversals
- ___ Poor reading speed and/or comprehension
- ___ Ambidexterity/mixed hand dominance
- ___ Difficulty with projected action sequences (catch a ball, bat a ball)
- ___ Difficulty performing new as opposed to habitual, motor response strategy
- ___ Difficulty with timing and rhythm of movements
- ___ Disorganized approach to tasks
- ___ Prefers talking to doing
- ___ Problems in construction and/or manipulation of materials
- ___ Poor articulation
- ___ Unable to conceive, organize and sequence movements required to complete a task
- ___ Insufficient body awareness
- ___ Inefficient/disorganized with self-help skills
- ___ Poor gross/fine motor control of body when attempting new activities
- ___ Misunderstands meaning of verbal cues when instructed to move or position body
- ___ Difficulty positioning self squarely on furniture, equipment
- ___ Poor visuo-motor coordination
- ___ Difficulty imitating motions or playing games, such as "Simon Says"
- ___ Fails to adapt body posture to demands of activity
- ___ Extraneous movement relative to demands of task

Self Regulation

- ___ Oversensitive, under sensitive, fluctuating sensitivity to stimuli
- ___ Unusually high, low, fluctuating activity level
- ___ Difficulty with transitions or change

- ___ Difficulty modulating behavioral state
- ___ Resistant to help from caregivers to modulate state
- ___ Demonstrates defensive responses to non-noxious and harmless sensory events
- ___ Difficulty attaining or maintaining optimum level of arousal for attending to task at hand

Emotional/Social Behavior

- ___ Intense, explosive
- ___ Easily frustrated, anxious
- ___ Can't sit still, hyperactive
- ___ Clingy, whiny, cries easily
- ___ Stubborn, inflexible, uncooperative
- ___ Poor self-concept / low self-esteem
- ___ Highly sensitive / can't take criticism
- ___ Feelings of failure / frustration
- ___ Gives up easily
- ___ Hard to awaken
- ___ "Up and ready to go"
- ___ Hard to get to sleep
- ___ Difficulty making choices
- ___ Tantrums
- ___ Restless/deep/light sleeper
- ___ Fearful (list): _____
- ___ Unable to adjust to changes in routine
- ___ Slow to, or unable to make timely transitions
- ___ Prefers the company of adults or older children
- ___ Prefers to play with younger children
- ___ Easily discouraged or depressed
- ___ Enjoys team sports
- ___ Poor loser
- ___ Fails to see humor in situations
- ___ Needs more protection from life than peers
- ___ Accident prone
- ___ Difficulty expressing emotions verbally
- ___ Overly serious
- ___ Active, outgoing, enthusiastic
- ___ Inefficient way of doing things