



AMY ZIER & ASSOCIATES

PEDIATRIC THERAPY

Parent Sensory Processing & Motor Control Questionnaire

Modified from Kawar/Neill Sensory Motor Questionnaire

Date Child's Birthdate Child's Age

Child's Name Child's Gender Male Female

Parents/Guardians Address

Phone Alternate Phone Email Address

School Attended Teacher's Name

Grade Level School Phone

BACKGROUND INFORMATION

Complications, illnesses/infections/stress during pregnancy? (If yes, please describe below) Yes No

Forceps / Vacuum / C-section? Yes No

Birth Order

Birth Weight

Term Length

Breast fed?

Yes

No

If so, for how long?

Problems with feeding or respiration? (If yes, please describe below)

Yes

No

DEVELOPMENTAL MILESTONES

Please note approximate age at which your child did the following:

Rolled:

Sat:

Belly Crawled:

Crawled:

Cruised:

Walked:

Said first words:

Talked:

Toilet Trained:
(Bladder)

Toilet Trained:
(Bowels)

Undressed Self:

Dressed Self:

Managed snaps,
zippers, buttons:

Tied Shoes:

Started Preschool:

Ear infections?

Yes

No

How many? At what ages?

Allergies?

Yes

No

Describe:

Seizures?

Yes

No

Describe:

Injuries?

Yes

No

Describe:

Hospitalizations?

Yes

No

Describe:

Glasses?

Yes

No

Condition:

Medications?

Yes

No

Describe:

Preferred Hand:

Left

Right

At what age was hand preference established?

Comments

Sibling 1

Sibling 2

Sibling 3

SENSORY & MOTOR QUESTIONNAIRE

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. To add a comment, example or additional information, add an asterick (*) to the item and fill comment in box at the bottom of the page.

Vestibular (Movements and Balance)

- | | | | |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Becomes overly excited after movement activity | <input type="checkbox"/> | Thrill seeker on the playground |
| <input type="checkbox"/> | Avoids movement equipment on playground. Prefers to play on: | <input style="width: 100%;" type="text"/> | |
| <input type="checkbox"/> | Seeks intense movements: spins, twirls, bounces, jumps, rocks | <input type="checkbox"/> | Shakes head vigorously, assumes upside down positions frequently |
| <input type="checkbox"/> | Uncomfortable on elevators, escalators, motion sickness | <input type="checkbox"/> | Excessive dizziness or nausea from swinging, spinning, riding in car |
| <input type="checkbox"/> | Preoccupied with movement activities, can't sit still | <input type="checkbox"/> | Avoids activities which require balance/losses balance easily |
| <input type="checkbox"/> | Poor navigation on uneven terrain | <input type="checkbox"/> | As infant, tended to arch back when held or moved |
| <input type="checkbox"/> | Avoids activities in which feet leave the ground | <input type="checkbox"/> | Fearful of simple challenges to balance |
| <input type="checkbox"/> | Trips easily, clumsiness | <input type="checkbox"/> | Fear of heights, climbing, fear of falling when no real danger exists |
| <input type="checkbox"/> | Hesitant when climbing or descending stairs (seeks hand, railing or walls) | <input type="checkbox"/> | Dislikes being moved |
| <input type="checkbox"/> | Protests head being tipped backward | <input type="checkbox"/> | Fearful of being tossed in air or turned upside down |
| <input type="checkbox"/> | Bumps head often: doesn't extend arms when pushed from behind | <input type="checkbox"/> | Often holds head, neck and shoulders stiffly |
| <input type="checkbox"/> | Holds head upright when bending over or leaning (dislikes summersaults) | | |

Proprioceptive Functions

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Difficulty controlling movement uses too little or too much power/force | <input type="checkbox"/> | Insecure regarding body movement |
| <input type="checkbox"/> | Poor posture/postural instability | <input type="checkbox"/> | Slumps in chair with rounded back and head forward and extended |

Comments

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

Tactile Functions

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Excessive reaction to light touch sensation (anxiety, hostility, aggression) | <input type="checkbox"/> | Tenses when patted affectionately |
| <input type="checkbox"/> | Difficulty standing in line or close to other people | <input type="checkbox"/> | Stands too close to people to the point of irritation |

Comments

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

Auditory

<input type="checkbox"/>	Overly sensitive to loud sounds or noises	<input type="checkbox"/>	Covers ears to shut out auditory input
<input type="text"/>			
			Comments

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

Oculo-Motor Control & Visual Perception

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

Comments

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- Fails to notice visual cues from environment
- Difficulty with / enjoys puzzles
- Dislikes / likes drawing
- Over stimulated by busy visual environment
- Tilts head / props head / lays head on arm

- Hypervigilent or visually distracted
- Writing illegible / misplaced on lines per page
- Difficulty finding objects in complex background
- Keeps eyes too close to work
- Uses peripheral more than central vision

Taste and Smell

- Highly sensitive to common odors or to faint odors unnoticed by others
- Tends to overly focus on the taste and smell of non-food items
- Hypersensitive to body odors (breath, scents of soap, perfume, etc.)

- Does not seem to notice unpleasant smells
- Will not taste food prior to smelling it and approving of its smell
- Prefers highly-seasoned foods
- Prefers bland foods

Suck, Swallow, Breathe, Synchrony

- Difficulty using straw
- Limited skill with blow toys
- Poor saliva control/drooling
- Shallow breathing pattern
- Holds breathe when applying effort
- "Breathy speech"
- Puts hands on hips to increase lung capacity
- Lower rib cage flared

- Poor lip closure on eating, drinking, utensils
- Unable to whistle
- Tongue thrust
- Chokes easily on liquids and / or solids
- Poor breathe support for speech – runs out of breath in mid sentence
- Speech volume barely audible
- Mouth breathing

Fine Motor Skills

- Difficulty drawing, coloring, cutting

- Lines when drawing are too (select any that apply):
- Light
 - Wobbly
 - Dark
 - Breaks pencil often

Comments

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- | | |
|---|--|
| <input type="checkbox"/> Poor handwriting in printing, cursive | <input type="checkbox"/> Lack of well established hand dominance |
| <input type="checkbox"/> Difficulty using two hands together | <input type="checkbox"/> Prefers to eat with fingers |
| <input type="checkbox"/> Snaps / zippers / buttons are difficult / impossible to manage | <input type="checkbox"/> Immature grasp of tools such as a pencil, fork, spoon, toothbrush |

Enjoys manipulative (select any that apply):

- Puzzles
 Construction Toys
 Coloring
 Drawing

Bilateral Motor Coordination & Motor Planning

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

Self Regulation

- | | |
|---|--|
| <input type="checkbox"/> Oversensitive, under sensitive, fluctuating sensitivity to stimuli | <input type="checkbox"/> Unusually high, low, fluctuating activity level |
|---|--|

Comments

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- | | |
|---|--|
| <input type="checkbox"/> Difficulty with transitions or change | <input type="checkbox"/> Difficulty modulating behavioral state |
| <input type="checkbox"/> Resistant to help from caregivers to modulate state | <input type="checkbox"/> Demonstrates defensive responses to non-noxious and harmless sensory events |
| <input type="checkbox"/> Difficulty attaining or maintaining optimum level of arousal for attending to task at hand | |

Emotional / Social Behavior

- | | |
|--|---|
| <input type="checkbox"/> Intense, explosive | <input type="checkbox"/> Easily frustrated, anxious |
| <input type="checkbox"/> Can't sit still, hyperactive | <input type="checkbox"/> Clingy, whiny, cries easily |
| <input type="checkbox"/> Stubborn, inflexible, uncooperative | <input type="checkbox"/> Poor self-concept / low self-esteem |
| <input type="checkbox"/> Highly sensitive / can't take criticism | <input type="checkbox"/> Feelings of failure / frustration |
| <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Hard to awaken |
| <input type="checkbox"/> "Up and ready to go" | <input type="checkbox"/> Hard to get to sleep |
| <input type="checkbox"/> Difficulty making choices | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Restless / deep / light sleeper | <input type="checkbox"/> Unable to adjust to changes in routine |

Fearful (list):

- | | |
|--|--|
| <input type="checkbox"/> Slow to, or unable to make timely transitions | <input type="checkbox"/> Prefers the company of adults or older children |
| <input type="checkbox"/> Prefers to play with younger children | <input type="checkbox"/> Easily discouraged or depressed |
| <input type="checkbox"/> Enjoys team sports | <input type="checkbox"/> Poor loser |
| <input type="checkbox"/> Fails to see humor in situations | <input type="checkbox"/> Needs more protection from life than peers |
| <input type="checkbox"/> Accident prone | <input type="checkbox"/> Difficulty expressing emotions verbally |
| <input type="checkbox"/> Overly serious | <input type="checkbox"/> Active, outgoing, enthusiastic |
| <input type="checkbox"/> Inefficient way of doing things | |

[UPLOAD FORM ON AMY ZIER WEBSITE >>](#)

Comments