



Sensory-Motor History Profile

Name of Child: _____

Date: _____

Touch: Does your child...

- a. Avoid or dislike getting hands messy?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Become upset when face is washed?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Become upset when having hair combed or fingernails cut?
 - i. Often ___ Sometimes ___ Rarely ___
- d. Prefer long-sleeved clothing or jackets, even when it is hot?
 - i. Often ___ Sometimes ___ Rarely ___
- e. Avoid wearing clothes made of certain fabrics?
 - i. Often ___ Sometimes ___ Rarely ___
- f. Have trouble changing clothing when seasons change?
 - i. Often ___ Sometimes ___ Rarely ___
- g. Avoid going barefoot, especially in sand or grass?
 - i. Often ___ Sometimes ___ Rarely ___
- h. Become irritated by tags on clothing?
 - i. Often ___ Sometimes ___ Rarely ___
- i. Complain if socks are not on correctly?
 - i. Often ___ Sometimes ___ Rarely ___
- j. Complain about bumps on bed sheets?
 - i. Often ___ Sometimes ___ Rarely ___
- k. Seem to crave being held or cuddled?
 - i. Often ___ Sometimes ___ Rarely ___
- l. Express discomfort when touched in a friendly way by others?
 - i. Often ___ Sometimes ___ Rarely ___
- m. Prefer to touch others than to be touched by them?

- i. Often ___ Sometimes ___ Rarely ___
- n. Tend to bump or push others?
 - i. Often ___ Sometimes ___ Rarely ___
- o. Seem excessively ticklish?
 - i. Often ___ Sometimes ___ Rarely ___
- p. Seem overly-sensitive to pain, and be bothered by small cuts?
 - i. Often ___ Sometimes ___ Rarely ___
- q. Show an unusual need to touch certain textures, surfaces, or toys?
 - i. Often ___ Sometimes ___ Rarely ___
- r. Mouth objects or clothing often?
 - i. Often ___ Sometimes ___ Rarely ___
- s. Have difficulty judging how much strength to use, e.g., petting animals with too much force?
 - i. Often ___ Sometimes ___ Rarely ___

Movement: Does your child...

- a. Become anxious or distressed when feet leave ground?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Avoid climbing or jumping?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Appear reluctant to participate in sports or motor games?
 - i. Often ___ Sometimes ___ Rarely ___
- d. Seem fearful of catching balls?
 - i. Often ___ Sometimes ___ Rarely ___
- e. Show fear of falling or heights?
 - i. Often ___ Sometimes ___ Rarely ___
- f. Dislike elevators or escalators
 - i. Often ___ Sometimes ___ Rarely ___
- g. Dislike riding in a car?
 - i. Often ___ Sometimes ___ Rarely ___
- h. Dislike activities where head is upside down or when lifted overhead?
 - i. Often ___ Sometimes ___ Rarely ___
- i. Love to be tipped upside down or lifted overhead?
 - i. Often ___ Sometimes ___ Rarely ___
- j. Seek out all kinds of movement activities?

- i. Often ___ Sometimes ___ Rarely ___
- k. Enjoy merry-go-rounds and fast rides?
 - i. Often ___ Sometimes ___ Rarely ___
- l. Jump often and for long time on beds or other bouncy surfaces?
 - i. Often ___ Sometimes ___ Rarely ___
- m. Like to spin himself/herself?
 - i. Often ___ Sometimes ___ Rarely ___
- n. Rock his/her body or head?
 - i. Often ___ Sometimes ___ Rarely ___
- o. Bang head on purpose?
 - i. Often ___ Sometimes ___ Rarely ___
- p. Throw him/herself on floor, wall or other people for fun?
 - i. Often ___ Sometimes ___ Rarely ___
- q. Take unusual risks during play?
 - i. Often ___ Sometimes ___ Rarely ___

Visual: Does your child...

- a. Become easily distracted by visual stimulation?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Express discomfort at bright lights?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Avoid or have difficulty with direct eye contact?
 - i. Often ___ Sometimes ___ Rarely ___
- d. Have a hard time picking out a single object from many, such as finding a specific toy in a toy box?
 - i. Often ___ Sometimes ___ Rarely ___

Auditory: Does your child...

- a. Become distracted or have a problem when surrounded by a lot of noise?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Respond negatively to unexpected or loud noises?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Like to make loud noises?
 - i. Often ___ Sometimes ___ Rarely ___

Taste and smell: Does your child...

- a. Explore objects by smelling them?

- i. Often ___ Sometimes ___ Rarely ___
- b. Seem bothered by smells that most other people do not notice?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Chew or lick nonfood items?
 - i. Often ___ Sometimes ___ Rarely ___

Sensory-Related Skills

Activity level: Does your child...

- a. Tend to be especially active and always on the go?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Tend to fidget excessively in a chair when eating or working?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Tend to lack carefulness and to be impulsive?
 - i. Often ___ Sometimes ___ Rarely ___
- d. Seem aggressive in play?
 - i. Often ___ Sometimes ___ Rarely ___

Feeding: Does your child...

- a. Need assistance to feed himself/herself?
 - i. Often ___ Sometimes ___ Rarely ___
- b. Tend to eat in a sloppy manner?
 - i. Often ___ Sometimes ___ Rarely ___
- c. Frequently spill liquids?
 - i. Often ___ Sometimes ___ Rarely ___
- d. Drool?
 - i. Often ___ Sometimes ___ Rarely ___
- e. Have trouble chewing?
 - i. Often ___ Sometimes ___ Rarely ___
- f. Have trouble swallowing?
 - i. Often ___ Sometimes ___ Rarely ___
- g. Have difficulty or dislike foods with lumps, such as chunky soup?
 - i. Often ___ Sometimes ___ Rarely ___
- h. Stuff or put too much food in his/her mouth at once?
 - i. Often ___ Sometimes ___ Rarely ___

Organization: Does your child...

- a. Frequently lose things, such as homework or coat?
 - i. Often___ Sometimes___ Rarely___
- b. Get lost easily?
 - i. Often___ Sometimes___ Rarely___
- c. Have difficulty tolerating changes in plans or expectations?
 - i. Often___ Sometimes___ Rarely___
- d. Have difficulty changing from one activity to another?
 - i. Often___ Sometimes___ Rarely___
- e. Need extra assistance to get started with a task or activity?
 - i. Often___ Sometimes___ Rarely___
- f. Become easily distracted while working or playing?
 - i. Often___ Sometimes___ Rarely___
- g. Have a short attention span?
 - i. Often___ Sometimes___ Rarely___

- e. Tend to be easily frustrated?
 - i. Often___ Sometimes___ Rarely___
- f. Tend to be unusually uncooperative or stubborn?
 - i. Often___ Sometimes___ Rarely___
- g. Have temper tantrums or outbursts of anger?
 - i. Often___ Sometimes___ Rarely___
- h. Seem to need more protection from life than other children?
 - i. Often___ Sometimes___ Rarely___

Sleeping: Does your child...

- a. Have irregular sleep patterns?
 - i. Often___ Sometimes___ Rarely___
- b. Wake frequently during the night?
 - i. Often___ Sometimes___ Rarely___
- c. Have a difficult time falling asleep?
 - i. Often___ Sometimes___ Rarely___
- d. Require less sleep than other children?
 - i. Often___ Sometimes___ Rarely___

Socio-emotional: Does your child...

- a. Have trouble getting along with other children his/her age?
 - i. Often___ Sometimes___ Rarely___
- b. Seem overly sensitive to criticism?
 - i. Often___ Sometimes___ Rarely___
- c. Seem overly anxious or fearful?
 - i. Often___ Sometimes___ Rarely___
- d. Tend to be quiet or withdrawn?
 - i. Often___ Sometimes___ Rarely___