## Sensory Processing Disorders Sensory Discrimination Checklist

ory Discrimination Checklist
(Indicates Sensory Seeking Behavior)





## **Tactile** UNDER **OVER** Not noticing being touched Flinches when touched High pain threshold Excessive ticklishness Doesn't seem to notice hot/cold ☐ Doesn't like certain materials or weather. Dresses inappropriately surfaces, e.g. fabric, clothing tags, seams, sands, grass Touches everything ☐ Avoids using their hands when **Enjoys** vibration playing Enjoys being wrapped and hugged Overly upset getting a haircut and with other personal care such as Likes rough play and may hurt others having nails cut accidentally May fidget, stroke different surfaces and touch others

## Oral UNDER **OVER** ☐ Indiscriminate with food. All tastes the Very fussy, extremely picky eater same. May eat offensive foods ☐ Prefers bland foods ☐ Likes spicy foods ☐ Over active gag reflex May not notice food around mouth ☐ May have difficulty with chewing May overfill mouth and/or swallowing Licks non-food items Refuses to lick envelopes, stickers, stamps Chews non-food items (clothes, toys, furniture) Over reacts to hot or cold foods Loves vibrating toothbrushes May only eat soft foods May continue eating despite not being hungry to enjoy oral input

Olfactory						
	UNDER		OVER			
	Not noticing offensive or threatening smells (smoke, rot)		Difficulty coping with certain smells, perfumes, cooking, deodorant, etc.			
SS	Tries to smell everything including people		May get headaches, feel nauseous, or vomit due to smells.			
	Delayed response to smells/scents		Might tell people they smell funny			
	May drink or eat dangerous substances, not noticing noxious fumes (paint)		May refuse to eat certain foods due to smell			
	Has difficulty discriminating or identifying smells from scratch and sniff stickers, candles, markers, etc.		Might decide whether they like a person or place based on the smell			
Vision						
	UNDER		OVER			
SS	May stare at spinning items		Rubs eyes, covers eyes, squints			
	Seems fascinated by flashing lights		Avoids eye contact			
	May miss visual cues  May seem to look right through things		Doesn't like bright, flashing or moving lights			
	inanj seem to room right uniong i uningo		Light or sunlight flashing on ceiling fans or moving items may cause distress			
			Prefers darker spaces			
			Trouble transitioning from light to dark space (vice versa)			
	Audi	torv				
	UNDER		OVER			
	Seems to tune out		Easily startled by sudden noise			
	Prefers TV to be loud		Covers ears			
SS	Makes noise for noise sake		Overly sensitive to noises			
			Crowded noisy places is upsetting			
			Bothered by background noises			

Vestibular					
	UNDER		OVER		
	Enjoys being spun around		Motion sickness		
	Difficulty staying seated		Hates being upside down		
	Loves roller coasters		Fear of heights		
	Seems unaware of danger especially heights		Trouble with eye tracking/turns entire body to follow		
	Extremely physical when playing, may take risks		Avoids rides, roller coasters, spinning games		
	Overly tolerant of being upside down		Difficulty with stairs, escalators, and elevators		
SS	May repeat movements over and over		Motion sickness		
m,			Poor balance/Clumsy		
			Poor muscle tone		
			Sits in "W" position		

## **Proprioceptive UNDER OVER** Often stretching limbs Doesn't like being hugged Hits, bumps, or pushes others Rigid body posture Stiff walk Loves contact sports and games Stomps feet when walking Keeps limbs close to torso Loves to be tightly wrapped Avoids stretching reaching May misjudge when flexing or Likes body socks and Lycra tunnels extending limbs Loves getting into tight places ☐ Misjudges pressure applied May like tight clothing (handwriting, petting animals, etc) Kicks or taps feet on chair or floor Difficulty judging weight of items while sitting and force required to lift Actively touches wall while walking May accidentally push or bump down hallways others and genuinely not realize Enjoys physical play that involves ☐ Has a poor sense of space crashing into people or items

Interoceptive					
UNDER	OVER				
<ul> <li>□ Doesn't seem aware of symptoms of illness</li> <li>□ Continues to have bowel and bladder accidents beyond appropriate age</li> <li>□ Lack of hunger/thirst</li> </ul>	<ul> <li>☐ Has low pain tolerance</li> <li>☐ Significant distress about hot or cold weather</li> <li>☐ Complains frequently of aches and pains</li> </ul>				
<ul> <li>□ High pain tolerance/Inappropriate response to pain</li> <li>□ Doesn't dress appropriate for weather</li> <li>□ Respiration too fast or too slow for appropriate state of arousal</li> <li>□ Sleeps a lot; is not often alert, responding, playing, or interacting</li> <li>□ Frequently hungry or thirsty</li> <li>□ Inability to interpret emotions of others</li> </ul>	<ul> <li>Difficulty sleeping/Unpredictable sleep wake cycle</li> <li>Overly sensitive to bowel and bladder sensations</li> <li>Overly emotional/emotions do not match situation/misinterpretation of bodily sensations</li> </ul>				
Notes: (antecedents, behavior, co	onsequence, people, location)				