

**THE SENSORY GYM**  
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**SENSORY HISTORY**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please think of the various stages of your child's development, considering behaviour that comes to your mind as you answer these questions. What do you think of as being different from other children you know? Were there times when your child's behaviour was difficult to cope with within your family?

The following questions are posed to help in compiling a more complete picture of your child from early infancy to present developmental stage. Some of these questions may refer to children who are older than your own. Add narrative information which would also be important on the back.

Please use the following scale to describe your child's behaviour.

- 1 - Never or rarely exhibits this behaviour
- 2 - Occasionally exhibits this behaviour
- 3 - Exhibits this behaviour as much as is typical for a child of this age
- 4 - Exhibits this behaviour somewhat more than expected
- 5 - Very frequently exhibits this behaviour
- N/A - Not old enough or for other reasons non-applicable

## **TACTILE (TOUCH)**

How much does your child:

1.	Like to be touched	1	2	3	4	5	N/A
2.	Dislike being held or cuddled	1	2	3	4	5	N/A
3.	Prefer to touch rather than be touched	1	2	3	4	5	N/A
4.	Seem excessively ticklish	1	2	3	4	5	N/A
5.	Seem easily irritated or enraged when touched by siblings or playmates	1	2	3	4	5	N/A
6.	Have a strong need to touch people and objects	1	2	3	4	5	N/A
7.	Seem to pick fights	1	2	3	4	5	N/A
8.	Pinch, bite, or otherwise hurt self or others	1	2	3	4	5	N/A
9.	Frequently bump or push others	1	2	3	4	5	N/A
10.	Bang head on purpose	1	2	3	4	5	N/A
11.	Like to touch animals	1	2	3	4	5	N/A
12.	Dislike the feeling of certain clothing	1	2	3	4	5	N/A
13.	Over- or under- dress for the temperature	1	2	3	4	5	N/A
14.	Overheat easily	1	2	3	4	5	N/A
15.	Seem overly sensitive to food or water temperatures	1	2	3	4	5	N/A
16.	Seem overly sensitive to rough food textures	1	2	3	4	5	N/A
17.	Prefer tub baths over showers if choice is available	1	2	3	4	5	N/A
18.	Like to play in water, sand, mud, clay, etc.	1	2	3	4	5	N/A
19.	Seem to lack the normal awareness of being touched	1	2	3	4	5	N/A
20.	Often seems unaware of cuts, bruises, etc. until brought to his attention	1	2	3	4	5	N/A
21.	Avoid using his/her hands	1	2	3	4	5	N/A
22.	Examine objects or clothes with his/her hands	1	2	3	4	5	N/A
23.	Mouths objects or clothes excessively	1	2	3	4	5	N/A

## **VESTIBULAR (MOVEMENT)**

How much does your child:

1.	Arch his/her back when held or moved	1	2	3	4	5	N/A
2.	Enjoy being rocked	1	2	3	4	5	N/A
3.	Like being tossed in the air	1	2	3	4	5	N/A
4.	Like fast spinning carnival rides	1	2	3	4	5	N/A
5.	Like to swing	1	2	3	4	5	N/A
6.	Spin or whirl more than other children	1	2	3	4	5	N/A
7.	Get carsick easily	1	2	3	4	5	N/A
8.	Get nauseous and/or vomit from other movement experiences	1	2	3	4	5	N/A
9.	Rock while sitting	1	2	3	4	5	N/A
10.	Jump a lot	1	2	3	4	5	N/A
11.	Have fear in space (stairs, heights)	1	2	3	4	5	N/A
12.	Lose balance easily	1	2	3	4	5	N/A
13.	Walk on toes (not flat feet)	1	2	3	4	5	N/A
14.	Misunderstand meaning of words used in relation to movement or position	1	2	3	4	5	N/A

## **VISUAL**

How much does your child:

1.	Seem very sensitive to light	1	2	3	4	5	N/A
2.	Have trouble following with eyes	1	2	3	4	5	N/A
3.	Avoid eye contact	1	2	3	4	5	N/A
4.	Get distracted by visual stimuli	1	2	3	4	5	N/A
5.	Dislike having eyes covered	1	2	3	4	5	N/A
6.	Seem able to close eyes for short periods	1	2	3	4	5	N/A
7.	Make reversals when copying or reading	1	2	3	4	5	N/A
8.	Like playing in the dark	1	2	3	4	5	N/A
9.	Have trouble discriminating shapes & colours	1	2	3	4	5	N/A
10.	Squint	1	2	3	4	5	N/A
11.	Seem able to look at something far away	1	2	3	4	5	N/A
12.	Seem able to look at something up close	1	2	3	4	5	N/A

## **TASTE AND SMELL**

How much does your child:

1.	Act as though all food tastes the same	1	2	3	4	5	N/A
2.	Explore with taste	1	2	3	4	5	N/A
3.	Chew on non-food items	1	2	3	4	5	N/A
4.	Have feeding problems	1	2	3	4	5	N/A
5.	Have trouble changing to textured foods	1	2	3	4	5	N/A
6.	Seem sensitive to unusual smells	1	2	3	4	5	N/A
7.	Taste or smell toys, clothes, etc. more than usual	1	2	3	4	5	N/A

## **AUDITORY (Sound)**

How much does your child:

1.	Seem sensitive to sounds	1	2	3	4	5	N/A
2.	Respond negatively to unexpected sounds	1	2	3	4	5	N/A
3.	Have fears of specific sounds	1	2	3	4	5	N/A
4.	Seem distracted by sounds such as fans, heaters, fluorescent lights, refrigerator, etc.	1	2	3	4	5	N/A
5.	Miss some sounds or words	1	2	3	4	5	N/A
6.	Fail to listen or pay attention what is said to him/her	1	2	3	4	5	N/A
7.	Seem to be confused about what direction sounds come from	1	2	3	4	5	N/A
8.	Like to make loud noises	1	2	3	4	5	N/A
9.	Like to sing/and or dance to music	1	2	3	4	5	N/A
10.	Have difficulty copying rhythmic sounds	1	2	3	4	5	N/A
11.	Fail to follow through upon requests to do something	1	2	3	4	5	N/A
12.	Seem unable to function if 2 or 3 steps of instructions are given to him/her at once	1	2	3	4	5	N/A
13.	Talk excessively	1	2	3	4	5	N/A
14.	Have difficulty listening if others are talking	1	2	3	4	5	N/A
15.	Have a delay in speech development	1	2	3	4	5	N/A

## **MUSCLE TONE**

How much does your child:

1.	Feel heavier than he/she looks	1	2	3	4	5	N/A
2.	Have good endurance	1	2	3	4	5	N/A
3.	Have flat feet	1	2	3	4	5	N/A
4.	Slump when sitting	1	2	3	4	5	N/A
5.	Get tired easily	1	2	3	4	5	N/A
6.	Seem generally weak	1	2	3	4	5	N/A
7.	Keep mouth open	1	2	3	4	5	N/A
8.	Prefer to lie on back rather than stomach	1	2	3	4	5	N/A

## **COORDINATION**

How much does your child:

1.	Show slow, prodding, deliberate movements	1	2	3	4	5	N/A
2.	Play with toys appropriate for age	1	2	3	4	5	N/A
3.	Have difficulty with sequential tasks (i.e. shoe tying, buttoning, dressing)	1	2	3	4	5	N/A
4.	Seem clumsy when playing with toys	1	2	3	4	5	N/A
5.	Have difficulty learning to hold a pencil or crayon in a 3-point position	1	2	3	4	5	N/A
6.	Trip or fall a lot	1	2	3	4	5	N/A
7.	Seem generally clumsy or awkward	1	2	3	4	5	N/A
8.	Bump into things a lot	1	2	3	4	5	N/A
9.	Have poor handwriting	1	2	3	4	5	N/A
10.	Demonstrate lack of hand preference	1	2	3	4	5	N/A
11.	Handle small objects easily	1	2	3	4	5	N/A
12.	Eat neatly for age	1	2	3	4	5	N/A
13.	Have rigid movements	1	2	3	4	5	N/A
14.	Grimace or use tongue in fine motor tasks	1	2	3	4	5	N/A
15.	Get shaky in fine motor tasks	1	2	3	4	5	N/A
16.	Enjoy sports, gym, etc.	1	2	3	4	5	N/A

## **BEHAVIOR/TEMPERAMENT**

How much does your child:

1.	Seem quiet, calm, relaxed, patient	1	2	3	4	5	N/A
2.	Seem active, outgoing, enthusiastic	1	2	3	4	5	N/A
3.	Seem intense, easily frustrated, anxious	1	2	3	4	5	N/A
4.	Seem explosive	1	2	3	4	5	N/A
5.	Seem hyperactive, in perpetual motion	1	2	3	4	5	N/A
6.	Seem in the same mood all day	1	2	3	4	5	N/A
7.	Seem an early riser, immediately on the go	1	2	3	4	5	N/A
8.	Cry excessively in infancy	1	2	3	4	5	N/A
9.	Seem clingy	1	2	3	4	5	N/A
10.	Seem predictable	1	2	3	4	5	N/A
11.	Seem rigid, set in his/her ways	1	2	3	4	5	N/A
12.	Seem adaptable, flexible	1	2	3	4	5	N/A
13.	Have regular sleep patterns	1	2	3	4	5	N/A
14.	Have difficulty getting to sleep	1	2	3	4	5	N/A
15.	Wake frequently	1	2	3	4	5	N/A
16.	Seem able to play alone for a reasonable length of time	1	2	3	4	5	N/A
17.	Seem destructive with toys	1	2	3	4	5	N/A
18.	Have a short attention span	1	2	3	4	5	N/A
19.	Seem distractible	1	2	3	4	5	N/A
20.	Have difficulty making a choice	1	2	3	4	5	N/A
21.	Have frequent tantrums	1	2	3	4	5	N/A
22.	Display extreme mood changes	1	2	3	4	5	N/A
23.	Seem unable to adjust to changes in routine	1	2	3	4	5	N/A
24.	Seem aggressive; demonstrate acting-out behaviours	1	2	3	4	5	N/A
25.	Make friends easily	1	2	3	4	5	N/A
26.	Prefer the company of adults or older children	1	2	3	4	5	N/A
27.	Prefer playing with children 1 or 2 years younger	1	2	3	4	5	N/A
28.	Seem to be a loner	1	2	3	4	5	N/A
29.	Express feelings of low self-esteem	1	2	3	4	5	N/A
30.	Express feelings of failure and frustration	1	2	3	4	5	N/A
31.	Seem discouraged or depressed	1	2	3	4	5	N/A

## **LEARNING STYLES**

How much does your child:

1.	Recognize own errors	1	2	3	4	5	N/A
2.	Learn from mistakes	1	2	3	4	5	N/A
3.	Acquire materials needed to set up a work space	1	2	3	4	5	N/A
4.	Seem able to set up a work space	1	2	3	4	5	N/A
5.	Maintain a work space	1	2	3	4	5	N/A
6.	Seem able to work independently	1	2	3	4	5	N/A
7.	Generalize known skills to acquire new skills	1	2	3	4	5	N/A
8.	Demonstrate age appropriate memory	1	2	3	4	5	N/A
9.	Ask for help appropriately	1	2	3	4	5	N/A
10.	Plan ahead	1	2	3	4	5	N/A
11.	Create new ideas and ways of doing things	1	2	3	4	5	N/A
12.	Demonstrate age appropriate content in written language	1	2	3	4	5	N/A
13.	Get work done on time	1	2	3	4	5	N/A

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From Patti Oetter, MA, OTR, FAOTA - 9/86

Adapted from A.J. Ayres, PhD, Patricia Wilbarger, Med, OTR, Montgomery/Richter, Knickerbocker/Hyland