



Sensory resource package screener (CUR.F6)

This screener is designed to obtain information about observable sensory impairments in 6 domains (hearing, sight, balance, touch, taste and smell).

Any “**yes**” response indicates you have observed behaviour that may be attributed to hyper- (**above** threshold) or hypo- (**below** threshold) sensory impairment.

The sensory grid on page 10 is designed to provide you with a sensory profile. The questionnaire does not identify severity or degree of significance of any sensory impairment. Hence, if any “**yes**” response is recorded in any sensory domain, further observations and enquiries are recommended to determine the significance of unusual sensory impairments in each case.

Note

The information will remain confidential. Thank you for your participation.

Name: _____ Sex: M F
(First name) (Last name)

Address:

Date of birth: _____
Day Month Year

Phone:

Unit:

Name of person completing questionnaire: _____
(First name) (Last name)

Relationship to individual: Parent Teacher Other – Please specify

Address (if different from above):

Phone:

Adapted from Kara Wood, 1995



Place a ✓ to indicate your appropriate answer

Please elaborate or explain issues relevant to each item in the Examples/Comments column (if necessary, continue on the back of the page)

Name:	Yes	No	Examples/Comments
1. Is currently on, or has been on prescription medication.			
2. Has been assessed, or is currently being treated for allergy or nutritional problems.			
3. Shows high levels of anxiety/stress.			
4. Has exceptional ability in any or all of the following: memory, reading, maths, drawing, music, mechanical ability (eg puzzles) calendar calculation.			
5. Finds certain sounds extremely pleasurable, exciting or fixating.			
6. Enjoys being tipped up-side down more than other children.			
7. Seems oblivious to certain (often bad) odours.			
8. At times appears to avoid looking at distant objects and/or into distances.			



Name:	Yes	No	Examples/Comments
9. Sometimes does not appear to feel pain.			
10. Likes to mouth or chew non-food objects.			
11. Avoids looking at lights (or covers eyes, squints in bright lights).			
12. Rolls or crosses his/her eyes.			
13. Walks on tip-toes more frequently than other children.			
14. Has been known to place objects in his/her nose.			
15. Is able to eat very salty or sweet food or foods unusual to the family's diet.			
16. Tends to reach levels when climbing and balancing that appear dangerous.			
17. Seems repelled by scents or smells before others can smell them.			



Name:	Yes	No	Examples/Comments
18. Seems to dislike being touched by people.			
19. Sometimes acts as though he/she is hard of hearing (tests indicate she/he is not).			
20. Avoids certain smells.			
21. Is very particular about temperature (ie bath/shower water).			
22. Likes to lick objects.			
23. Appears to sniff the air.			
24. Avoids certain foods.			
25. Seems to enjoy making or listening to unusual noises.			
26. Avoids activities involving balance ie walking up and down stairs.			



Name:	Yes	No	Examples/Comments
27. Tends to speak in a very loud or very soft voice for extended periods.			
28. Tends to speak in a very loud or very soft voice for extended periods.			
29. Sometimes manipulates objects with unconventional body parts (such as moving an object with elbows).			
30. Actively seeks to touch certain surfaces or textures.			
31. Sometimes appears to feel pain from unusual experiences, such as getting wet.			
32. Likes staring at bright lights.			
33. Appears to enjoy smelling objects, people or hair.			
34. Is particular about being in complete darkness when sleeping.			
35. Likes to get very close to people and does not seem aware of their personal space.			



Name:	Yes	No	Examples/Comments
36. Seeks out certain smells.			
37. Seems to hear certain sounds before others hear them.			
38. Listens to tapes/TV/radio at a lower or higher sound level than others.			
39. Insists on the same type of food repeatedly (outside of normal childhood requests).			
40. Sometimes seems to enjoy moving or dancing her/his fingers in front of her/his eyes.			
41. Finds certain sounds painful or distressing.			
42. Seems unaware when she/he is too hot or cold (ie wears too much or too little given the weather conditions).			
43. Eats only certain textured/coloured foods (not including those restricted by allergies).			
44. Avoids activities involving spinning or whirling or other quick head movements.			



Name:	Yes	No	Examples/Comments
45. At times appears to be looking at something in the air which is invisible to others.			
46. Insists on having the lights on when sleeping.			
47. Appears to like rocking her/his body/head or likes repeated self-motion.			
48. Appears to use smell to identify objects or people.			
49. Observed to avoid touching certain surfaces or textures.			
50. Appears to jump more than other children.			
51. Follows a routine for eating certain foods (ie touches everything first).			
52. Is particular about the texture of foods, (ie only likes soft/mushy foods).			
53. Shows exceptional or unusual balance skills.			



Name:	Yes	No	Examples/Comments
54. Appears to dislike smells liked by others, such as the smell of fruit.			
55. Appears not to hear/respond to certain sounds.			
56. Spends an unusual period of time examining pictures or objects closely.			
57. Can spin or whirl round without showing signs of dizziness.			
58. Places fingers in mouth.			
59. Has exceptional ability in any or all of the sensory domains, eg seeing, hearing, touching, smelling or balancing.			
60. Has exhibited sensory problems in the past.			
61. As a result of sensory sensitivity, engages in challenging behaviour.			
62. Has unusual fears/phobias.			



Name:	Yes	No	Examples/Comments
63. Appears to have difficulty processing sensory information.			

Additional comments / examples:



Sensory resource package screener scoring grid

Questions 1, 2, 3, 4, 59, 60 and 61 are for your information

For Questions 5 to 58, score: **1** for **YES**
 0 for **NO**

Auditory	Vestibular	Olfactory	Visual	Tactile	Gustatory
5 _____	6 _____	7 _____	8 _____	9 _____	10 _____
19 _____	13 _____	14 _____	11 _____	18 _____	15 _____
25 _____	16 _____	17 _____	12 _____	21 _____	22 _____
27 _____	26 _____	20 _____	32 _____	29 _____	24 _____
28 _____	44 _____	23 _____	34 _____	30 _____	39 _____
37 _____	47 _____	33 _____	40 _____	31 _____	43 _____
38 _____	50 _____	36 _____	45 _____	35 _____	51 _____
41 _____	53 _____	48 _____	46 _____	42 _____	52 _____
55 _____	57 _____	54 _____	56 _____	49 _____	58 _____
TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____

Grand Total: _____

Adapted from Kara Wood, 1995