

THE HIDDEN SENSORY CONNECTION

Common Sensory Behaviors

SEEKING

AVOIDING

tactile



- Prefers Tight Clothing
- Always Seems Dirty/Messy
- Not Aware of Being Touched
- High Pain Tolerance
- Craves Touch

- Avoids Certain Textures/ Clothing
- Avoids Messy Play
- Dislikes Baths
- Refuses Bare Feet
- Avoids Hugs

olfactory



- Smells Objects
- Prefers Foods with Strong Smells
- Can't Avoid Smelling Things Often
- Doesn't Notice Dangerous Smells
- Smells Objects Constantly

- Avoids Particular Smells
- Becomes Angry Around Smells
- Gags with Certain Smells or Foods
- Foods Don't Taste Appealing
- Avoids Public Places

oral



- Craves Certain Foods
- Prefers Spicy or Hot Foods
- Bites Frequently
- Bites/Chews Nails
- Mouths Non-Food Items

- Avoids Certain Textures of Foods
- Difficulty with New Foods
- Gags, Chokes, or Drools Often
- Difficulty Using a Straw
- Avoids Mushy Foods

auditory



- Prefers Loud Music
- Frequently Uses "Outside Voice"
- Makes Loud Noises in Quiet Space
- Enjoys Loud Noises
- Seems to Calm With Noises

- Cries, Screams, or Becomes Angry Over Loud Noises
- Covers Ears in Social Situations
- Avoids Everyday Noises (toilets)
- Bothered by High Pitched Noises

visual



- Stares at Bright Lights, Flickers, Etc.
- Stares at Moving Objects
- Holds Items Close for Inspection
- Has Difficulty Focusing on Objects
- Frequently Loses Place on a Page

- Covers Eyes, Squints, or Screens Out Sights
- Avoids Bright Lights
- Scared of Moving Objects
- Avoids Eye Contact

vestibular



- Unable to Sit Still
- Needs Constant Motion
- Very Impulsive
- Runs Instead of Walks
- Takes Unsafe Risks

- Scared of Movement Activities
- Fearful of Heights
- Can Appear Clumsy
- Can Seem Stubborn
- Avoids Stairs

proprioceptive



- Runs Into Walls, Objects, or People
- Uses Extreme Force
- Stomps or Walks Heavily
- Kicks Bites, Hits
- Prefers Tight Clothing

- Avoids Active Activities
- Prefers to Be Still
- Avoids Touch from Others (Hugs)
- Difficulty Using Stairs
- Prefers Familiar Activities

What Are My Sensory Preferences?

HOW DOES THIS MAKE YOU FEEL?

1 = Agree Completely
2 = Slightly Agree

3 = Indifferent
4 = Slightly Disagree

5 = Completely Disagree

TACTILE

1

2

3

4

5

Prefers tight clothing

Always seems dirty/messy

Not aware of being touched

High pain tolerance

Craves touch

Avoids certain textures/clothing

Avoids messy play

Dislikes baths

Refuses bare feet

Avoids hugs

OLFACTORY

1

2

3

4

5

Smells objects

Prefers foods with strong smells

Can't avoid smelling things often

Doesn't notice dangerous smells

Smells objects constantly

Avoids particular smells

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OLFACTORY

1 2 3 4 5

Becomes angry around smells

Gags with certain smells or foods

Foods don't taste appealing

Avoids public places

ORAL

1 2 3 4 5

Craves certain foods

Prefers spicy or hot foods

Bites frequently

Bites/chews nails

Mouths non-food items

Avoids certain textures of foods

Difficulty with new foods

Gags, chokes, or drools often

Difficulty using a straw

Avoids mushy foods

What Are My Sensory Preferences?

HOW DOES THIS MAKE YOU FEEL?	1 = Agree Completely 2 = Slightly Agree	3 = Indifferent 4 = Slightly Disagree	5 = Completely Disagree	
AUDITORY				
Prefers loud music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently uses "outside voice"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes loud noises in quiet spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys loud noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems to calm with noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries, screams or becomes angry over loud noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers ears in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids everyday noises (ex: toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bothered by high pitched noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL				
Stares at bright lights, flickers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stares at moving objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds items close for inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty focusing on objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently loses place on a page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers eyes, squints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VISUAL

	1	2	3	4	5
Avoids bright lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared of moving objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VESTIBULAR

	1	2	3	4	5
Unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs constant motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs instead of walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes unsafe risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared of movement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful of heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can appear clumsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can seem stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPRIOCEPTIVE

	1	2	3	4	5
Runs into walls, objects, or people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses extreme force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomps or walks heavily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PROPRIOCEPTIVE

1

2

3

4

5

Kicks, bites, hits

Prefers tight clothing

Avoids active activities

Prefers to be still

Avoids touch from others (hugs)

Difficulty using stairs

Prefers familiar activities