

Adolescent / Adult Sensory Processing Disorder Checklist

This is NOT meant to officially diagnose Sensory Processing Disorder. It should be used ONLY to indicate the "red flags" that may warrant attention; i.e., further observation, evaluation and/or treatment. It can also be used as part of the questionnaire and history gathering process during an evaluation by an OT qualified to diagnose and treat adults with Sensory Processing Disorder.

If you are concerned after going through the checklist that you or your teenager's life may be significantly impacted by sensory processing issues, please contact a local Occupational Therapist. Again, disorder means that it is SIGNIFICANTLY interfering with ones ability to perform daily activities (work, rest, or "play"/leisure)

An open mind may help you see that what appeared to be a "mental health", "behavioral", or "compulsive" behavior or issue may actually be based on inefficient sensory processing. As with any "problem", it will not get better until you know the cause! Treat it for what it actually is... no more "band-aids".

ALL of you will check off several of the items on this checklist, as many of them indicate normal sensory preferences or difficulties. That does NOT mean you have SPD. Look at HOW MANY you have checked off, the AMOUNT OF HIGH NUMBERS you indicated, WHICH SENSORY SYSTEMS are targeted, and HOW MUCH they impact your everyday FUNCTIONING.

Also, keep in mind, many of these symptoms can be indications of other disorders and mental health issues. It is the clusters and intensity of symptoms that we are looking for here, as they apply to, and are based upon sensory stimuli.

Again, if you feel these sensory processing issues are significantly impacting your life (pay attention to FREQUENCY, TIMING, AND DURATION), I urge you to seek a knowledgeable professional for help. AND, if you are really bothered by sensory issues, you may also want to think back to childhood, or earlier years, and fill out the Sensory Processing Disorder Checklist For Kids. (see website at end of page)

Keep in mind, the more information you can give the evaluator, the more accurate your diagnosis and treatment will be. If concerned, keep journals and bring that, and these checklists to your Doctor, Psychologist, or Occupational Therapist who is familiar with SPD to decide if an evaluation and further treatment is indicated.

Check off the following "behaviors" and sensory preferences if they are a part of YOUR life, and rate how often each applies to you, on a scale of 0-5 ("0" being NEVER, "5" being ALWAYS).

Sensory Modulation:

- _____ bothered by clothes; certain materials, tags, seams, pantyhose, ties, belts, turtlenecks, have to wear shorts, skirts, or pants exclusively, etc.
- _____ bothered by "light touch"; someone lightly touching/rubbing your hand, face, leg or back
- _____ excessively ticklish
- _____ distressed by others touching you; would rather be the "toucher" than the "touchee", difficulty "snuggling" with your partner
- _____ have to fidget and "fiddle" with things all the time; change in your pocket, your keys, a pen/pencil, paper clip, rubber band, ANYTHING within reach
- _____ often touching and twisting your own hair
- _____ very sensitive to pain, especially as compared to others
- _____ don't seem to notice pain; get shots/cuts/bruises and hardly feel a thing
- _____ dislike the feeling of showers or getting splashed
- _____ difficulty going to the beach; the sand blowing on your skin or getting on your body
- _____ avoid touching anything "messy"; if you do, you have to go wash your hands right away and/or only touch it with your fingertips
- _____ can not wear new or "stiff" clothes that have not been washed or soaked in fabric softener
- _____ hate to be barefoot or hate to wear shoes and/or socks
- _____ frequently get car sick, air sick, motion sick
- _____ a thrill seeker; loves fast and/or dangerous rides, leisure activities, and sports
- _____ difficulty riding on elevators, escalators, or moving sidewalks
- _____ avoid amusement park rides that spin or go upside down
- _____ seek out fast, spinning, and/or upside down carnival rides
- _____ will often rock or sway body back and forth while seated or standing still

- _____ frequently tips chair on back two legs
- _____ restless when sitting through a lecture, presentation, or movie
- _____ constantly chews on ends of pens and pencils
- _____ smokes cigarettes
- _____ difficulty eating foods with mixed textures, or one particular texture
- _____ prefer foods with very strong tastes and flavors
- _____ prefer very bland foods, dislike anything spicy
- _____ has a diagnosed eating disorder or has major eating "sensitivities"
- _____ constantly biting nails or fingers
- _____ bites lips or inside of cheeks
- _____ frequently shake your leg while sitting or falling asleep
- _____ love to sleep with multiple or heavy blankets on top of you
- _____ seek out crashing and "squishing" activities
- _____ cracks knuckles often
- _____ loves crunchy foods (popcorn, carrots, chips, nuts, pretzels, etc.)
- _____ frequently have gum or hard candy in your mouth
- _____ has an "endless" supply of air fresheners, scented candles, odor masking sprays, etc.
- _____ becomes nauseated or gags from certain cooking, cleaning, perfume, public restroom, or bodily odors
- _____ identifies objects by smell, have to smell everything, judge whether you like something or someone by smell
- _____ becomes overstimulated / overaroused when people come to the house or in crowded places
- _____ very high or very low energy level

- _____ avoids crowds and plans errands at times when there will be fewer people
- _____ overly excited/aroused in group settings
- _____ hides or disappears when guests come over
- _____ substance abuse
- _____ drinks excessive amounts of coffee or caffeinated beverages
- _____ notice and bothered by noises other people do not seem bothered by... clocks, refrigerators, fans, people talking, outdoor construction, etc.
- _____ sensitive to loud sounds or commotion
- _____ easily distracted by auditory or visual stimuli
- _____ can not attend certain public events or places due to excessive noise

Sensory Discrimination:

- _____ can't identify objects by feel if your eyes are closed
- _____ difficulty finding things in your purse or pocket without looking
- _____ don't seem to notice if your hands or face are dirty
- _____ bothered by hands or face being dirty
- _____ loves to touch and be touched, has to touch everything
- _____ have a hard time feeling where a bug has bitten you or whether you are being bitten
- _____ difficulty heating food to the correct temperature, feeling if it is too hot or too cold
- _____ difficulty locating items in a cupboard, drawer, in your closet, or on a grocery shelf
- _____ difficulty with recognizing/interpreting/following traffic signs
- _____ difficulty judging distances about where your car is in relation to other cars, in parking spaces, or near a curb (fail miserably at parallel parking!!)
- _____ difficulty merging into oncoming traffic on road, rotary, or highway
- _____ get disoriented and/or lost easily in stores, buildings, hiking, etc.
- _____ can't sleep if room isn't completely dark
- _____ fearful of heights

- _____ difficulty concentrating on or watching a movie/tv show when there is background noise or distractions
- _____ difficulty remembering or understanding what is said to you
- _____ difficulty following directions if given two or three at one time
- _____ can not complete concentrated tasks if noises present
- _____ sensitive, or over reacts, to sirens, dogs barking, vaccuum cleaners, blenders, or other sudden/loud sounds
- _____ talks too loud or too soft
- _____ lethargic, hard to get going, appears "lazy" and unmotivated
- _____ become engrossed in one single activity for a long time and seems to tune out the rest of their environment
- _____ spend hours at a time on fantasy or video games and activities
- _____ great difficulty settling body down for sleep or waking up in the morning (did you even hear the alarm that has been going off for 15 minutes?)
- _____ has difficulty licking an ice cream cone neatly
- _____ difficulty with speech and annunciation
- _____ bumps into things frequently
- _____ often pushes too hard on objects, accidentally breaking them
- _____ difficulty judging how much pressure to apply when doing tasks or picking something up
- _____ difficulty identifying which key on your ring belongs to what
- _____ numbers and letters often reversed or backwards
- _____ difficulty telling time on an analogue clock
- _____ difficulty reading and understanding a map, bus schedule, directions
- _____ difficulty organizing and grouping things by categories, similarities, and/or differences
- _____ can't seem to find words in word search puzzles
- _____ unable to identify foods that have gone bad by smell
- _____ difficulty being able to smell dangerous smells, i.e., smoke, noxious/hazardous solvents
- _____ difficulty being able to smell when something is burning on the stove or in the oven
- _____ difficulty distinguishing different tastes and/or flavors of food and/or drink items

Sensory-Based Motor Skills:

- difficulty learning to ride a bike or other "moving" equipment
- clumsy, uncoordinated, and accident prone
- difficulty walking on uneven surfaces
- difficulty with fine motor tasks such as buttoning, zipping, tying, knitting, sewing, playing games with small parts, closing zip loc bags
- confuses right and left sides
- prefers sedentary tasks, avoiding sports or physical activities
- difficulty with handwriting; hard to read, takes a long time to write
- frequently bumps into people and things
- easily fatigued with physical tasks
- frequently misses when putting objects on a table
- messy eater, difficulty with eating utensils, spills and drops food
- knocks drinks or other things over when reaching for them
- frequently drops items
- has to talk self through tasks
- hums or vocalizes while concentrating on a task
- significant difficulty learning to tie a tie
- difficulty with motor tasks requiring several steps
- difficulty lining up numbers correctly for math problems and/or balancing a checkbook
- difficulty learning new motor tasks...a new dance, sport or exercise activity, how to drive
- lose balance frequently
- significant difficulty learning to type the "proper" way

Social / Emotional:

- dislikes changes in plans or routines, needs structure
- may be described as "stubborn", "defiant", or "uncooperative"
- cries easily, over things others usually don't, very "emotional" and "sensitive"
- can't seem to finish anything
- difficulty making decisions
- rigid and controlling

- _____ prefers solitary activities, avoids groups
- _____ impatient and/or impulsive
- _____ difficulty with social cues and non verbal language
- _____ difficulty with authority figures
- _____ trouble relating to and socializing with peers and colleagues
- _____ a "sore loser"
- _____ strong feelings of anger or rage
- _____ easily frustrated
- _____ needs sameness and routines; needs to know what to expect
- _____ have panic or anxiety attacks
- _____ plagued by fears and/or phobias
- _____ OCD-type qualities; can't let foods touch each other on your plate, have to wear clothes a certain way, will only do _____, repetitively does _____, can not do _____ without doing _____, has to have _____ like _____
- _____ distractible and unorganized
- _____ hates surprises
- _____ difficulty seeking out and maintaining relationships
- _____ avoids eye contact

Internal Regulation:

- _____ difficulty falling asleep or getting on a sleep schedule
- _____ heart rate speeds up, and won't slow down when at rest, or won't speed up for tasks that require a higher heart rate
- _____ respiration too fast or slow for the appropriate state of arousal
- _____ over or under sensitivity to bowel and bladder sensations
- _____ over or under sensitivity to the sensation of hunger/appetite
- _____ irregular, inconsistent bowel, bladder and appetite sensations
- _____ difficulty with temperature regulation of body