SENSEY CHALLENGE QUESTIONNAIRE

The Sensory Challenge Questionnaire can be completed by a high-functioning older child, teen, or young adult in identifying personal SNAFU's or as an interview guideline to assist you in exploring what is happening in your client's sensory world. Please feel free to duplicate the Sensory Challenge Questionnaire in this book or you can download it from sensoryprocessingchallenges.com

Tactile

What touch experiences are challenging for you?

Please consider activities such as wearing clothing and shoes, brushing teeth, washing face and hair, using lotion, being touched by others, getting hands messy, food textures, temperature and pain experiences, and so on.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

What touch experiences do you enjoy?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
Auditory

What sound experiences are challenging for you?
   Please consider activities such as listening to people talking in both
quiet and noisy situations, any annoying sounds, reactions to loud or
unexpected noises, musical styles or musical instruments, ability to
follow verbal directions, and so on.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What sound experiences do you enjoy?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Visual

What visual experiences are challenging for you?
   Please consider visual demands such as reading, locating items in
a crowded visual field, being in busy environments such as shopping
malls, types of lighting (fluorescent, incandescent, downcast lights,
sunshine, darkness, etc.), patterns, colors, contrasts, objects in your
peripheral vision, watching moving objects, and so on.

____________________________________________________________________
What visual experiences do you enjoy?

Gustatory (Taste) and Food

What taste experiences are challenging for you?

Please consider tastes (sweet, salty, sour, bitter, and savory) as well as particular foods that you strongly dislike in terms of flavor, temperature, or texture (chewy, crunchy, dry and crumbly, slippery, mixed textures), and so on.
What flavors and foods do you enjoy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Olfactory (Smell)

What smell experiences are challenging for you?
  Please consider factors such as perfumes, body lotions, cleaning products, food aromas, garbage smells, nature scents, inanimate objects that have a particular smell, and so on.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What smell experiences do you enjoy?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Vestibular (Movement)**

What movement experiences are challenging for you?

Please consider activities such as walking, running, climbing stairs, having your head upside down, spinning, swinging, sitting still, rocking, riding in a car, airplane or other mode of transportation, engaging in sports, and so on.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What movement experiences do you enjoy?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Proprioception (Body Awareness)**

What proprioceptive experiences are challenging for you?

Please consider times when you feel uncoordinated, awkward, weaker than others, or “lost in space,” whether you look closely at
what you are doing, or whether it is hard for you to learn new activities like tying your shoelaces, riding a bike, skating, and so on.

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

What proprioceptive experiences do you enjoy?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________