

Sensory Processing Checklist

Adolescent/Adult

Name: _____ Date of Birth: _____

Date Completed: _____ Completed by: _____

Many of the sensory symptoms listed are common for individuals with sensory processing problems. Check ALL that apply.

<input type="checkbox"/>	I am over-sensitive to environmental stimulation: I do not like being touched.
<input type="checkbox"/>	I avoid visually stimulating environments and/or I am sensitive to sounds.
<input type="checkbox"/>	I often feel lethargic and slow in starting my day.
<input type="checkbox"/>	I often begin new tasks simultaneously and leave many of them uncompleted.
<input type="checkbox"/>	I use an inappropriate amount of force when handling objects.
<input type="checkbox"/>	I often bump into things or develop bruises that I cannot recall.
<input type="checkbox"/>	I have difficulty learning new motor tasks, or sequencing steps of a task.
<input type="checkbox"/>	I need physical activities to help me maintain my focus throughout the day.
<input type="checkbox"/>	I have difficulty staying focused at work and in meetings.
<input type="checkbox"/>	I misinterpret questions and requests, requiring more clarification than usual.

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<input type="checkbox"/>	I have difficulty reading, especially aloud.
<input type="checkbox"/>	My speech lacks fluency, I stumble over words.
<input type="checkbox"/>	I must read material several times to absorb the content.
<input type="checkbox"/>	I have trouble forming thoughts and ideas in oral presentations.
<input type="checkbox"/>	I have trouble thinking up ideas for essays or written tasks at school.

Additional Comments: _____

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