Sensory Processing Questionnaire for Parents

This questionnaire helps you reflect on how your child responds to sensory experiences in daily life. Sensory processing refers to how the brain interprets and reacts to information from the senses. Please answer based on your child's typical behavior over the past month.

👶 Section 1: General Information

- Child's Name: _____
- Age: _____
- Date Completed: _____
- Parent/Guardian Name: _____

👂 Section 2: Auditory (Sound)

Behavior	Rarely	Sometimes	Often
Covers ears in response to loud or unexpected sounds	☐	☐	☐
Becomes distressed by everyday noises (e.g., vacuum, toilet flush)	☐	☐	☐
Doesn't respond when name is called	☐	☐	☐
Seeks out noisy environments or loud music	☐	☐	☐

✋ Section 3: Tactile (Touch)

Behavior	Rarely	Sometimes	Often
Avoids messy play (e.g., finger paint, sand)	☐	☐	☐
Reacts strongly to clothing textures or tags	☐	☐	☐
Enjoys deep pressure (e.g., hugs, weighted blankets)	☐	☐	☐
Touches objects or people frequently	☐	☐	☐

👀 Section 4: Visual (Sight)

Behavior	Rarely	Sometimes	Often
Easily distracted by visual stimuli (e.g., lights, movement)	☐	☐	☐

Behavior	Rarely	Sometimes	Often
Avoids bright lights or sunlight	☐	☐	☐
Stares at spinning or moving objects	☐	☐	☐
Has difficulty finding objects in cluttered spaces	☐	☐	☐

👅 Section 5: Oral (Taste & Smell)

Behavior	Rarely	Sometimes	Often
Is a picky eater or avoids certain textures	☐	☐	☐
Seeks out strong flavors or crunchy foods	☐	☐	☐
Gags or reacts strongly to smells	☐	☐	☐
Chews on non-food items (e.g., clothing, pencils)	☐	☐	☐

🌀 Section 6: Vestibular & Proprioception (Movement & Body Awareness)

Behavior	Rarely	Sometimes	Often
Enjoys spinning, swinging, or jumping	☐	☐	☐
Becomes dizzy or nauseous easily	☐	☐	☐
Has poor balance or coordination	☐	☐	☐
Crashes into furniture or people	☐	☐	☐
Has difficulty sitting still or staying seated	☐	☐	☐

💬 Section 7: Parent Observations

Please answer the following open-ended questions:

1. What sensory experiences does your child seem to enjoy?
2. What sensory experiences does your child avoid or react strongly to?
3. Have you noticed any patterns in your child's sensory responses (e.g., time of day, environment)?
4. Do you feel your child's sensory behaviors affect daily routines or learning?