



Occupational Therapy Questionnaire and Checklist

Child's Name: _____ Age: _____

Preferred to be called _____

Diagnosis _____

Parent's Names: _____

Parents Address: _____

City _____ State _____ Zip _____

Home Phone # _____

Cell Phone # _____

Birthday _____ County of Birth _____

Sex _____ Race: _____ Marital Status _____ Pregnant Y or N

Social Security Number: _____

Parents Employment : (or employment if child is employed)

(Circle all that apply)

Work full/Part time Retired Homemaker Unemployed Disability Student

Childs School: _____

Teacher's Name: _____

Grade: _____

Diagnosis: _____

Physician: _____

Insurance Type: _____

Spouses Name: _____

Spouse's Date of Birth: _____

Spouse's Employer _____

Reason for OT referral: _____

Parent's concerns are: _____

Current Equipment:

Does child have a history of seizures? _____

What is the protocol for seizure? _____

Other precautions or allergies? _____

Describe your child's vision: _____

Describe your child's hearing: _____

As you answer these questions, please think of the various stages of your child's development considering any behavior which comes to mind.

*Were there times when your child's behavior was difficult to cope with in the family unit? Please explain.

- During the past month have you been feeling down, depressed, or hopeless? Y or N
- During the past month have you ever felt unsafe at home or has anyone hit you or tried to injure you in anyway? Y or N
- Is this something you would like help with? Y or N

The following questions are posed to help in compiling a more complete picture of your child from early infancy to present developmental stage.

Some of the questions may refer to children who are older than your own.

Check the choice which applies: Yes or No.

Add narrative information which would be important in the comments section or on the back please.

Mother's Health during Pregnancy:

	Yes	No	Comments
1. Have any infections/illnesses during pregnancy?			
2. Have any shocks or unusual stress during pregnancy?			
3. Water break more than 24 hours before delivery?			
4. Develop toxemia/high blood pressure? If so When???			
5. Have any complications during delivery and/or labor?			

6. If premature, how early?

7. What was the child's birth weight?

8. Child's weight when discharged from hospital? _____

9. Apgar Scores? 1 minute _____ 5 minutes _____

Child's Health at Birth:

1. Was child full term?	Yes	No	Comments
2. Was child born cesarean section?			
3. Did child breech? (feet first)			
4. Cord wrapped around neck?			
5. Were forceps required?			
6. Did child have any birth injuries? _____			
7. Did child require a fetal monitor? _____			
8. Did child have insufficient oxygen?			
9. Did child cry right away?			
10. Did child require ICU hospitalization?			
A. How long? _____			
B. Prematurity?			
C. Respiratory problems?			
D. Need respirator? How long? _____			
E. Small for age?			
F. Heart defect?			
G. Require transfusion?			
H. Jaundiced?			
I. Have seizures?			
J. Have infection at birth?			
K. Have surgery as newborn?			
L. Have feeding problems as newborn?			

Developmental Milestones

1. Were feeding and sleeping patterns easily established? Yes or No. If no, Explain.

2. When did your child consistently sleep through the night?

3. Fussy baby past age of 6 months? Yes or No. If yes, Any reason identified?

4. Indicate child's age for achieving the skill. If uncertain, indicate early, late, or typical:

_____ Independent sitting _____ hands/knees crawling _____ walking
 _____ First words _____ sentences _____ toilet trained _____ Day _____ night

5. Do you think that any part of your child's development is slower than average?

If yes, explain:

6. Current areas of concern (please mark all that apply):

- Gross Motor Development
- Fine Motor Development
- Sleeping
- Language Development
- Social Skills
- Eating
- Play Skills
- Temperament
- Frustrations (list):
- Fears (list):
- Independent living skills

Other:

7. When did you first notice your child's difficulties and how were they apparent to you?

8. Is there a family history of similar difficulties? If so, who, and what are the difficulties?

9. Please list any previous medical and/or diagnostic tests or evaluations (i.e. neurological, genetic testing, educational, speech/language, developmental, other) and their results. If possible, please attach copies of reports.

Significant test results: _____

Any diagnosis given: _____

10. Please check if your child has received services from any of the following:

- Occupational Therapy Tutoring
- Physical Therapy Psychological Counseling
- Speech Therapy Special Education

If so, when, where (private or school), and for how long?

Are these services ongoing?

Medical and Behavioral History

Please indicate all that are applicable and ages(s):

- High fevers Meningitis Ear infections / tubes
- Chicken pox Whooping cough Heart trouble
- Mumps Scarlet fever Excessive vomiting
- Allergies Seizures Lung / bronchial difficulties
- Epilepsy Diabetes Surgery / hospitalization

Other significant accident, injury, or illness?

Please specify significant allergies or food restrictions:

Physical or medical precautions or activity restrictions (i.e. due to heart problems, asthma, seizures, Physical limitations, etc.):

Is your child currently on any medication? No _____ Yes _____ Purpose:

Names of medication, dosage, side effects:

Comments:

What are your child's most preferred activities/ favorite toys?

Indoors:

Outdoors:

What are your child's least favorite activities?

Indoors:

Outdoors:

When is your child most calm or happy? _____

When does your child become most frustrated? _____

Does your child use a transitional object or security toy (bear, blanket, and pacifier)?

Does your child tend to have difficulty learning new motor tasks/games?

Does your child resist participating in fine or gross motor tasks? Please explain:

Does your child have any recently acquired skills? _____

Check the following items that best describe your child.

Visual

___ Wears glasses

___ has a diagnosed visual problem (describe):

___ Has difficulty finding / seeing things (shoes in the closet, toy in a toy basket)

Auditory and Language

___ Has a suspected or diagnosed hearing loss

___ Limited or absence of gesturing to assist communication

___ Excessive talking interferes with listening

___ Nonverbal; Do they have a form of communication? List/circle the form of communication system (PECS, Sign Language, gestures used, etc.):

If language is not strong, describe the vocalizations your child uses:

Oral-Motor and Respiratory Control

___ Displays poor lip control / lip closure for eating, drinking, using utensils

___ Has limited skills with blow toys, whistles, bubbles

___ Demonstrates poor saliva control (drools)

___ Chokes easily on liquids or solids. Specify:

___ Overstuffs mouth with food

___ Clenches jaw or grinds teeth

___ Holds breath frequently

___ Breathes with mouth open / often has mouth open

___ Noisy breathing / snores

Comments:

Self-care / Regulation of Body Function

Is your child able to complete these tasks independently (please circle (Y)es / (N)o)

- Y/N Toileting – bowel/ bladder control
- Y/N Undresses
- Y/N Dresses
- Y/N Snaps / Unsnaps
- Y/N Buttons
- Y/N Zippers pull / engage/ disengage
- Y/N Velcro on / off
- Y/N Socks on / off
- Y/N Self-feeding (finger foods)
- Y/N Uses eating utensils
- Y/N Uses open cup
- Y/N Sippy cup
- Y/N Uses a straw

If your child has difficulty with controlling bowel and / or bladder (day or night or both), please explain:

Additional comments:

**Please provide any other information that you would like to share about your child.
*Such as your goal out of therapy.***

SENSORY INTEGRATION DYSFUNCTION SCREEN

Signs Of Tactile Dysfunction:

1. Hypersensitivity To Touch (Tactile Defensiveness)

- becomes fearful, anxious or aggressive with light or unexpected touch
- as an infant, did/does not like to be held or cuddled; may arch back, cry, and pull away
- distressed when diaper is being, or needs to be, changed
- appears fearful of, or avoids standing in close proximity to other people or peers (especially in lines)
- becomes frightened when touched from behind or by someone/something they can not see (such as under a blanket)
- complains about having hair brushed; may be very picky about using a particular brush
- bothered by rough bed sheets (i.e., if old and "bumpy")
- avoids group situations for fear of the unexpected touch
- resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them too!)
- dislikes kisses, will "wipe off" place where kissed
- prefers hugs
- a raindrop, water from the shower, or wind blowing on the skin may feel like torture and produce adverse and avoidance reactions
- may overreact to minor cuts, scrapes, and or bug bites
- avoids touching certain textures of material (blankets, rugs, stuffed animals)
- refuses to wear new or stiff clothes, clothes with rough textures, turtlenecks, jeans, hats, or belts, etc.
- avoids using hands for play
- avoids/dislikes/aversive to "messy play", i.e., sand, mud, water, glue, glitter, playdoh, slime, shaving cream/funny foam etc.
- will be distressed by dirty hands and want to wipe or wash them frequently
- excessively ticklish
- distressed by seams in socks and may refuse to wear them
- distressed by clothes rubbing on skin; may want to wear shorts and short sleeves year round, toddlers may prefer to be naked and pull diapers and clothes off constantly

- ___ or, may want to wear long sleeve shirts and long pants year round to avoid having skin exposed
- ___ distressed about having face washed
- ___ distressed about having hair, toenails, or fingernails cut
- ___ resists brushing teeth and is extremely fearful of the dentist
- ___ is a picky eater, only eating certain tastes and textures; mixed textures tend to be avoided as well as hot or cold foods; resists trying new foods
- ___ may refuse to walk barefoot on grass or sand
- ___ may walk on toes only

2. Hyposensitivity To Touch (Under-Responsive):

- ___ may crave touch, needs to touch everything and everyone
- ___ is not aware of being touched/bumped unless done with extreme force or intensity
- ___ is not bothered by injuries, like cuts and bruises, and shows no distress with shots (may even say they love getting shots!)
- ___ may not be aware that hands or face are dirty or feel his/her nose running
- ___ may be self-abusive; pinching, biting, or banging his own head
- ___ mouths objects excessively
- ___ frequently hurts other children or pets while playing
- ___ repeatedly touches surfaces or objects that are soothing (i.e., blanket)
- ___ seeks out surfaces and textures that provide strong tactile feedback
- ___ thoroughly enjoys and seeks out messy play
- ___ craves vibrating or strong sensory input
- ___ has a preference and craving for excessively spicy, sweet, sour, or salty foods

3. Poor Tactile Perception And Discrimination:

- ___ has difficulty with fine motor tasks such as buttoning, zipping, and fastening clothes
- ___ may not be able to identify which part of their body was touched if they were not looking
- ___ may be afraid of the dark
- ___ may be a messy dresser; looks disheveled, does not notice pants are twisted, shirt is half un tucked, shoes are untied, one pant leg is up and one is down, etc.
- ___ has difficulty using scissors, crayons, or silverware

___ continues to mouth objects to explore them even after age two

___ has difficulty figuring out physical characteristics of objects; shape, size, texture, temperature, weight, etc.

___ may not be able to identify objects by feel, uses vision to help; such as, reaching into backpack or desk to retrieve an item

Vestibular Sense: input from the inner ear about equilibrium, gravitational changes, movement experiences, and position in space.

Signs Of Vestibular Dysfunction:

1. Hypersensitivity To Movement (Over-Responsive):

___ avoids/dislikes playground equipment; i.e., swings, ladders, slides, or merry-go-rounds

___ prefers sedentary tasks, moves slowly and cautiously, avoids taking risks, and may appear "wimpy"

___ avoids/dislikes elevators and escalators; may prefer sitting while they are on them or, actually get motion sickness from them

___ may physically cling to an adult they trust

___ may appear terrified of falling even when there is no real risk of it

___ afraid of heights, even the height of a curb or step

___ fearful of feet leaving the ground

___ fearful of going up or down stairs or walking on uneven surfaces

___ afraid of being tipped upside down, sideways or backwards; will strongly resist getting hair washed over the sink

___ startles if someone else moves them; i.e., pushing his/her chair closer to the table

___ as an infant, may never have liked baby swings or jumpers

___ may be fearful of, and have difficulty riding a bike, jumping, hopping, or balancing on one foot (especially if eyes are closed)

___ may have disliked being placed on stomach as an infant

___ loses balance easily and may appear clumsy

___ fearful of activities which require good balance

___ avoids rapid or rotating movements

2. Hyposensitivity To Movement (Under-Responsive):

___ in constant motion, can't seem to sit still

- craves fast, spinning, and/or intense movement experiences
- loves being tossed in the air
- could spin for hours and never appear to be dizzy
- loves the fast, intense, and/or scary rides at amusement parks
- always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions
- loves to swing as high as possible and for long periods of time
- is a "thrill-seeker"; dangerous at times
- always running, jumping, hopping etc. instead of walking
- rocks body, shakes leg, or head while sitting
- likes sudden or quick movements, such as, going over a big bump in the car or on a bike

3. Poor Muscle Tone And/Or Coordination:

- has a limp, "floppy" body
- frequently slumps, lies down, and/or leans head on hand or arm while working at his/her desk
- difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman" position)
- often sits in a "W sit" position on the floor to stabilize body
- fatigues easily!
- compensates for "looseness" by grasping objects tightly
- difficulty turning doorknobs, handles, opening and closing items
- difficulty catching him/her self if falling
- difficulty getting dressed and doing fasteners, zippers, and buttons
- may have never crawled as an baby
- has poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy
- poor gross motor skills; jumping, catching a ball, jumping jacks, climbing a ladder etc.
- poor fine motor skills; difficulty using "tools", such as pencils, silverware, combs, scissors etc.
- may appear ambidextrous, frequently switching hands for coloring, cutting, writing etc.; does not have an established hand preference/dominance by 4 or 5 years old
- has difficulty licking an ice cream cone
- seems to be unsure about how to move body during movement, for example, stepping over something
- difficulty learning exercise or dance steps

Proprioceptive Sense: input from the muscles and joints about body position, weight, pressure, stretch, movement, and changes in position in space.

Signs Of Proprioceptive Dysfunction:

1. Sensory Seeking Behaviors:

- seeks out jumping, bumping, and crashing activities
- stomps feet when walking
- kicks his/her feet on floor or chair while sitting at desk/table
- bites or sucks on fingers and/or frequently cracks his/her knuckles
- loves to be tightly wrapped in many or weighted blankets, especially at bedtime
- prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
- loves/seeks out "squishing" activities
- enjoys bear hugs
- excessive banging on/with toys and objects
- loves "roughhousing" and tackling/wrestling games
- frequently falls on floor intentionally
- would jump on a trampoline for hours on end
- grinds his/her teeth throughout the day
- loves pushing/pulling/dragging objects
- loves jumping off furniture or from high places
- frequently hits, bumps or pushes other children
- chews on pens, straws, shirt sleeves etc.

2. Difficulty With "Grading Of Movement":

- misjudges how much to flex and extend muscles during tasks/activities (i.e., putting arms into sleeves or climbing)
- difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of writing utensil breaks
- written work is messy and he/she often rips the paper when erasing
- always seems to be breaking objects and toys

___ misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about objects being too heavy

___ may not understand the idea of "heavy" or "light"; would not be able to hold two objects and tell you which weighs more

___ seems to do everything with too much force; i.e., walking, slamming doors, pressing things too hard, slamming objects down

___ plays with animals with too much force, often hurting them

Signs Of Auditory Dysfunction: (no diagnosed hearing problem)

1. Hypersensitivity To Sounds (Auditory Defensiveness):

___ distracted by sounds not normally noticed by others; i.e., humming of lights or refrigerators, fans, heaters, or clocks ticking

___ fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking

___ started with or distracted by loud or unexpected sounds

___ bothered/distracted by background environmental sounds; i.e., lawn mowing or outside construction

___ frequently asks people to be quiet; i.e., stop making noise, talking, or singing

___ runs away, cries, and/or covers ears with loud or unexpected sounds

___ may refuse to go to movie theaters, parades, skating rinks, musical concerts etc.

___ may decide whether they like certain people by the sound of their voice

2. Hyposensitivity To Sounds (Under-Registers):

___ often does not respond to verbal cues or to name being called

___ appears to "make noise for noise's sake"

___ loves excessively loud music or TV

___ seems to have difficulty understanding or remembering what was said

___ appears oblivious to certain sounds

___ appears confused about where a sound is coming from

___ talks self through a task, often out loud

___ had little or no vocalizing or babbling as an infant

___ needs directions repeated often, or will say, "What?" frequently

Signs Of Oral Input Dysfunction:

1. Hypersensitivity To Oral Input (Oral Defensiveness):

- ___ picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands, resistive to trying new foods or restaurants, and may not eat at other people's houses)
- ___ may only eat "soft" or pureed foods past 24 months of age
- ___ may gag with textured foods
- ___ has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking
- ___ resists/refuses/extremely fearful of going to the dentist or having dental work done
- ___ may only eat hot or cold foods
- ___ refuses to lick envelopes, stamps, or stickers because of their taste
- ___ dislikes or complains about toothpaste and mouthwash
- ___ avoids seasoned, spicy, sweet, sour or salty foods; prefers bland foods

2. Hyposensitivity To Oral Input (Under-Registers)

- ___ may lick, taste, or chew on inedible objects
- ___ prefers foods with intense flavor; i.e., excessively spicy, sweet, sour, or salty
- ___ excessive drooling past the teething stage
- ___ frequently chews on hair, shirt, or fingers
- ___ constantly putting objects in mouth past the toddler years
- ___ acts as if all foods taste the same
- ___ can never get enough condiments or seasonings on his/her food
- ___ loves vibrating toothbrushes and even trips to the dentist

Signs Of Olfactory Dysfunction (Smells):

1. Hypersensitivity To Smells (Over-Responsive):

- ___ reacts negatively to, or dislikes smells which do not usually bother, or get noticed, by other people
- ___ tells other people (or talks about) how bad or funny they smell
- ___ refuses to eat certain foods because of their smell

___ offended and/or nauseated by bathroom odors or personal hygiene smells

___ bothered/irritated by smell of perfume or cologne

___ bothered by household or cooking smells

___ may refuse to play at someone's house because of the way it smells

___ decides whether he/she likes someone or some place by the way it smells

2. Hyposensitivity To Smells (Under-Responsive):

___ has difficulty discriminating unpleasant odors

___ may drink or eat things that are poisonous because they do not notice the noxious smell

___ unable to identify smells from scratch 'n sniff stickers

___ does not notice odors that others usually complain about

___ fails to notice or ignores unpleasant odors

___ makes excessive use of smelling when introduced to objects, people, or places

___ uses smell to interact with objects

Signs Of Visual Input Dysfunction (No Diagnosed Visual Deficit):

1. Hypersensitivity To Visual Input (Over-Responsiveness)

___ sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light

___ has difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time

___ easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.

___ has difficulty in bright colorful rooms or a dimly lit room

___ rubs his/her eyes, has watery eyes or gets headaches after reading or watching TV

___ avoids eye contact

___ enjoys playing in the dark

2. Hyposensitivity To Visual Input (Under-Responsive Or Difficulty With Tracking, Discrimination, Or Perception):

___ has difficulty telling the difference between similar printed letters or figures; i.e., p & q, b & d, + and x, or square and rectangle

___ has a hard time seeing the "big picture"; i.e., focuses on the details or patterns within the picture

___ has difficulty locating items among other items; i.e., papers on a desk, clothes in a drawer, items on a grocery shelf, or toys in a bin/toy box

___ often loses place when copying from a book or the chalkboard

___ difficulty controlling eye movement to track and follow moving objects

___ has difficulty telling the difference between different colors, shapes, and sizes

___ often loses his/her place while reading or doing math problems

___ makes reversals in words or letters when copying, or reads words backwards; i.e., "was" for "saw" and "no" for "on" after first grade

___ complains about "seeing double"

___ difficulty finding differences in pictures, words, symbols, or objects

___ difficulty with consistent spacing and size of letters during writing and/or lining up numbers in math problems

___ difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line

___ tends to write at a slant (up or down hill) on a page

___ confuses left and right

___ fatigues easily with schoolwork

___ difficulty judging spatial relationships in the environment; i.e., bumps into objects/people or missteps on curbs and stairs

Auditory-Language Processing Dysfunction:

___ unable to locate the source of a sound

___ difficulty identifying people's voices

___ difficulty discriminating between sounds/words; i.e., "dare" and "dear"

___ difficulty filtering out other sounds while trying to pay attention to one person talking

___ bothered by loud, sudden, metallic or high-pitched sounds

___ difficulty attending to understanding, and remembering what is said or read; often asks for directions to be repeated and may only be able to understand or follow two sequential directions at a time

___ looks at others to/for reassurance before answering

___ difficulty putting ideas into words (written or verbal)

___ often talks out of turn or "off topic"

___ if not understood, has difficulty re-phrasing; may get frustrated, angry, and give up

___ difficulty reading, especially out loud (may also be dyslexic)

___ difficulty articulating and speaking clearly

___ ability to speak often improves after intense movement

Social, Emotional, Play, And Self-Regulation Dysfunction:

Social:

___ difficulty getting along with peers

___ prefers playing by self with objects or toys rather than with people

___ does not interact reciprocally with peers or adults; hard to have a "meaningful" two-way conversation

___ self-abusive or abusive to others

___ others have a hard time interpreting child's cues, needs, or emotions

___ does not seek out connections with familiar people

Emotional:

___ difficulty accepting changes in routine (to the point of tantrums)

___ gets easily frustrated

___ often impulsive

___ functions best in small group or individually

___ variable and quickly changing moods; prone to outbursts and tantrums

___ prefers to play on the outside, away from groups, or just be an observer

___ avoids eye contact

___ difficulty appropriately making needs known

Play:

difficulty with imitative play (over 10 months)

wanders aimlessly without purposeful play or exploration (over 15 months)

needs adult guidance to play, difficulty playing independently (over 18 months)

participates in repetitive play for hours; i.e., lining up toys cars, blocks, watching one movie over and over etc.

Self-Regulation:

excessive irritability, fussiness or colic as an infant

can't calm or soothe self through pacifier, comfort object, or caregiver

can't go from sleeping to awake without distress

requires excessive help from caregiver to fall asleep; i.e., rubbing back or head, rocking, long walks, or car rides

Internal Regulation (The Interoceptive Sense):

becoming too hot or too cold sooner than others in the same environments; may not appear to ever get cold/hot, may not be able to maintain body temperature effectively

difficulty in extreme temperatures or going from one extreme to another (i.e., winter, summer, going from air conditioning to outside heat, a heated house to the cold outside)

respiration that is too fast, too slow, or cannot switch from one to the other easily as the body demands an appropriate respiratory response

heart rate that speeds up or slows down too fast or too slow based on the demands imposed on it

respiration and heart rate that takes longer than what is expected to slow down during or after exertion or fear

severe/several mood swings throughout the day (angry to happy in short periods of time, perhaps without visible cause)

unpredictable state of arousal or inability to control arousal level (hyper to lethargic, quickly, vacillating between the two; over stimulated to under stimulated, within hours or days, depending on activity and setting, etc.)

frequent constipation or diarrhea, or mixed during the same day or over a few days

difficulty with potty training; does not seem to know when he/she has to go (i.e., cannot feel the necessary sensation that bowel or bladder are full)

unable to regulate thirst; always thirsty, never thirsty, or oscillates back and forth

unable to regulate hunger; eats all the time, won't eat at all, unable to feel full/hungry

unable to regulate appetite; has little to no appetite and/or will be "starving" one minute then full two bites later, then back to hungry again (prone to eating disorders and/or failure to thrive)