



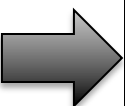

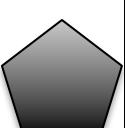





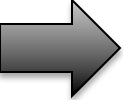





## Sensory Integration Quiz

Shape Code	Check the box beside each statement that describes you.
	<p><b>OT</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I get nervous when people put their hand on my shoulder</li> <li>2. <input type="checkbox"/> I don't like standing too closely to people in rooms or lines</li> <li>3. <input type="checkbox"/> I hate having my hair brushed</li> <li>4. <input type="checkbox"/> I don't like the feel of certain fabric or clothing</li> <li>5. <input type="checkbox"/> I don't like getting my hands messy</li> </ol>
	<p><b>UT</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I don't even notice when someone bumps me</li> <li>2. <input type="checkbox"/> Sometimes I have a cut, but it didn't even hurt</li> <li>3. <input type="checkbox"/> I find myself chewing on my fingers or pencils</li> <li>4. <input type="checkbox"/> I love to get my hands messy</li> <li>5. <input type="checkbox"/> I am told that sometimes I play too rough</li> </ol>
	<p><b>OM</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I've always disliked playing on swings, slides, and merry go rounds</li> <li>2. <input type="checkbox"/> I dislike elevators and escalators</li> <li>3. <input type="checkbox"/> I'm always afraid of falling</li> <li>4. <input type="checkbox"/> Sometimes I have poor balance</li> <li>5. <input type="checkbox"/> I hate roller coasters</li> </ol>
	<p><b>UM</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I love moving fast</li> <li>2. <input type="checkbox"/> People describe me as a thrill-seeker</li> <li>3. <input type="checkbox"/> As a kid, I loved jumping on furniture and trampolines</li> <li>4. <input type="checkbox"/> I tend to rock my body or shake my leg when I am sitting</li> <li>5. <input type="checkbox"/> I love spinning and roller coasters</li> </ol>
	<p><b>OS</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I am distracted by noises others don't seem to notice (clocks, fans)</li> <li>2. <input type="checkbox"/> I am easily startled by unexpected sounds</li> <li>3. <input type="checkbox"/> I frequently ask others to be quiet</li> <li>4. <input type="checkbox"/> Hearing the lawn mower while I'm trying to concentrate drives me crazy!</li> <li>5. <input type="checkbox"/> I feel drawn to certain people by the sound of their voice</li> </ol>
	<p><b>US</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Often people call my name and I don't hear them</li> <li>2. <input type="checkbox"/> Sometimes I am told to stop making noises and I didn't realize I was</li> <li>3. <input type="checkbox"/> I listen to the TV and music on a load volume setting</li> <li>4. <input type="checkbox"/> I have difficulty remembering what someone has told me</li> <li>5. <input type="checkbox"/> Sometimes I talk to myself out load to reason something</li> </ol>
	<p><b>OV</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I am sensitive to bright lights</li> <li>2. <input type="checkbox"/> I have difficulty keeping my eyes focused on work for a long period of time</li> <li>3. <input type="checkbox"/> My eyes get watery or I rub them after reading for a long time</li> <li>4. <input type="checkbox"/> I am easily distracted by other things in the room</li> <li>5. <input type="checkbox"/> I like to play in the dark</li> </ol>
	<p><b>UV</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> I have a hard time locating a single item in a pile</li> <li>2. <input type="checkbox"/> I often lose my place when copying from the board</li> <li>3. <input type="checkbox"/> I lose my place when reading or doing math problems</li> <li>4. <input type="checkbox"/> I have difficulty with jigsaw puzzles</li> <li>5. <input type="checkbox"/> I tend to write with a slant up or down a page</li> </ol>

## Sensory Integration Interventions

Shape Code	Check the box beside each statement that describes you.
	<b>OT Overresponsive to Touch</b> <ul style="list-style-type: none"> <li>• Pressure roller on arms and legs</li> <li>• Squeeze mood card</li> </ul>
	<b>UT Underresponsive to Touch</b> <ul style="list-style-type: none"> <li>• Tupperware container with rice or beans and items to move (ball, figures)</li> <li>• Kneaded erasers</li> <li>• Squeeze stress balls</li> <li>• Play dough</li> <li>• Water gel animal</li> <li>• Fiber optic wands</li> <li>• Velour mitten / sponge</li> </ul>
	<b>OM Overresponsive to Movement</b> <ul style="list-style-type: none"> <li>• Bean bags in pockets or rested on legs</li> <li>• Seat disk on lap</li> <li>• Heavy books on lap</li> </ul>
	<b>UM Underresponsive to Movement</b> <ul style="list-style-type: none"> <li>• Do wall pushes</li> <li>• Lift heavy weights or book bags</li> <li>• Roll neck and shoulders</li> <li>• Erase blackboard</li> <li>• Thera-band around chair legs</li> </ul>
	<b>OS Overresponsive to Sound</b> <ul style="list-style-type: none"> <li>• White noise</li> <li>• String instrument music</li> <li>• Ear plugs</li> </ul>
	<b>US Underresponsive to Sound</b> <ul style="list-style-type: none"> <li>• Loud music on headphones</li> </ul>
	<b>OV Overresponsive to Visual Stimuli</b> <ul style="list-style-type: none"> <li>• Turn off fluorescent lights</li> <li>• Sensory tent / blindfold</li> </ul>
	<b>UV Underresponsive to Visual Stimuli</b> <ul style="list-style-type: none"> <li>• Visual track maze</li> <li>• Kaleidoscope</li> <li>• Water gel animal</li> <li>• Mini mazes</li> </ul>