SUPPLEMENTAL BACKGROUND QUESTIONNAIRE

Client's name: _____ Date: _____

Today's Date: Year: _____ Month: _____ Day: _____

Date of Birth: Year: _____ Month: _____ Day: _____

Chronological Age: Year: _____ Month: _____ Day: _____

Form completed by: _____ Relationship to Client: _____

Medical Diagnoses: _____

Who provided diagnosis: _____ Age of diagnosis: _____

Please check the column that best describes the child or yourself if you are the client. After each item and category, please write any remarks or comments that you feel may be helpful. Please include the individual's strengths in the comment areas. Some of the information may relate more to the developmentally young or a child. Please, if you are an adolescent/adult client, answering for yourself, simply mark N/A if it does not pertain to you, or if the information is not available.

EMOTIONAL AND RELATIONAL ISSUES

Describe the individual's present emotional/relational issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does/Is the individual:

Mostly quiet, shy?	0	1	2	3	4	NA	Overreact, easily overwhelmed?	0	1	2	3	4	NA
Overly active?	0	1	2	3	4	NA	Difficult to calm when upset?	0	1	2	3	4	NA
Self-absorbed?	0	1	2	3	4	NA	Unable to unwind and self-calm?	0	1	2	3	4	NA
Tire easily?	0	1	2	3	4	NA	Argue a lot, hostile, fight a lot?	0	1	2	3	4	NA
Talk constantly?	0	1	2	3	4	NA	Usually happy?	0	1	2	3	4	NA
Have poor impulse control?	0	1	2	3	4	NA	Have nervous habits/tics?	0	1	2	3	4	NA
Restless?	0	1	2	3	4	NA	Have poor attention span?	0	1	2	3	4	NA
Stubborn, rigid, uncooperative?	0	1	2	3	4	NA	Easily frustrated?	0	1	2	3	4	NA
Resistant to change?	0	1	2	3	4	NA	Rock self frequently?	0	1	2	3	4	NA
Clumsy?	0	1	2	3	4	NA	Frequent temper tantrums?	0	1	2	3	4	NA
Explosive/short-tempered?	0	1	2	3	4	NA	Easily angered/enraged?	0	1	2	3	4	NA
Fall often?	0	1	2	3	4	NA	Easily discouraged?	0	1	2	3	4	NA
Depressed?	0	1	2	3	4	NA	Have difficulty making friends?	0	1	2	3	4	NA
Self-isolated, withdrawn?	0	1	2	3	4	NA	Avoid eye contact?	0	1	2	3	4	NA
(Child) wets bed?	0	1	2	3	4	NA	Has/had trouble "growing up"?	0	1	2	3	4	NA
Inefficient ways of doing things?	0	1	2	3	4	NA	Seem accident prone?	0	1	2	3	4	NA
Overly affectionate with others?	0	1	2	3	4	NA	Sensitive to criticisms?	0	1	2	3	4	NA
Pronounced mood swings?	0	1	2	3	4	NA	Express feeling like a failure?	0	1	2	3	4	NA
Dislikes new situations?	0	1	2	3	4	NA	Endorse low self-esteem?	0	1	2	3	4	NA
A perfectionist?	0	1	2	3	4	NA	Have nightmares?	0	1	2	3	4	NA
Cry easily?	0	1	2	3	4	NA	Poor frustration tolerance?	0	1	2	3	4	NA
Difficulty expressing emotions?	0	1	2	3	4	NA	Overly impatient?	0	1	2	3	4	NA

Describe the individual's present emotional/relational issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does/Is the individual: (continued)

Have unusual fears, which may interfere with daily routines? Describe: _____	0	1	2	3	4	NA
Have sleep problems: sleep overly much, not enough, trouble waking or falling asleep?	0	1	2	3	4	NA
Apt to say, "Everything drives me crazy"?	0	1	2	3	4	NA
Tend to want to be in charge, be bossy, or refuse to interact/play if not done their way?	0	1	2	3	4	NA
Blame others, unable to take responsibility for actions?	0	1	2	3	4	NA
(If a child) Prefers the company of older individuals or younger children?	0	1	2	3	4	NA
Not interested or easily engaged with others?	0	1	2	3	4	NA
Seems to have difficulty liking self, lacking self-confidence, apt to chastise self for being stupid?	0	1	2	3	4	NA
Lack a sense of humor, is overly serious?	0	1	2	3	4	NA
Have difficulty learning new tasks (i.e. writing, throwing a ball, riding a bike, chores, work tasks)	0	1	2	3	4	NA
Need more protection from life than other individuals?	0	1	2	3	4	NA
Display emotional outbursts when unsuccessful at a task?	0	1	2	3	4	NA
Have difficulty tolerating and feels out of control with changes in plans and expectations?	0	1	2	3	4	NA
Have difficulty transitioning from one situation to the next?	0	1	2	3	4	NA
A perfectionist that must do it just so or not at all?	0	1	2	3	4	NA
Have difficulty separating from primary caregiver?	0	1	2	3	4	NA
Have difficulty perceiving/perceiving body language or facial expressions?	0	1	2	3	4	NA
Attempt to self-calm with "self-stimming"?	0	1	2	3	4	NA
Act out aggressively? Please check: ☐ Hitting, ☐ Scratching, ☐ Kicking, ☐ Biting	0	1	2	3	4	NA
Have episodes of self-injurious, self-mutilating behavior? Please describe: _____	0	1	2	3	4	NA
Have emotions lacking in range, or apt to be inappropriate (too much/little) in relationships?	0	1	2	3	4	NA

Comments: _____

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TOUCH AND TACTILE SYSTEM

Describe the individual's present touch and tactile issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does the individual:

Wash hands frequently?	0	1	2	3	4	NA	Avoid being touched/contacted?	0	1	2	3	4	NA
Dislike lotions or cream on skin?	0	1	2	3	4	NA	Dislike dental procedures/work?	0	1	2	3	4	NA
Isolate self from others?	0	1	2	3	4	NA	Irritation to shoes or socks?	0	1	2	3	4	NA
Rigid rituals with hygiene?	0	1	2	3	4	NA	Picky eater, esp with textures?	0	1	2	3	4	NA

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- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
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Withdraw from splashing water?	0	1	2	3	4	NA	Find clothes tags irritating?	0	1	2	3	4	NA
Eat/drink in a messy manner?	0	1	2	3	4	NA	Chews non-food objects?	0	1	2	3	4	NA
Feel pain less than others?	0	1	2	3	4	NA	Bump/push others frequently?	0	1	2	3	4	NA
Feel pain more than others?	0	1	2	3	4	NA	Crave rough play, hugs?	0	1	2	3	4	NA
Avoid getting "messy" (i.e. finger paint, mud, paste, sand, etc)? Please list: _____								0	1	2	3	4	NA
Can't stand feeling gritty, sticky, slimy, slippery, gummy, greasy, rough, prickly textures?								0	1	2	3	4	NA
Dislike grooming (i.e. hair or face washed or wiped, haircutting, fingernail cutting)?								0	1	2	3	4	NA
Show sensitivity to certain fabrics, textures (i.e. particular about certain clothes, blankets, etc)?								0	1	2	3	4	NA
Dislike being touched unexpectedly, especially by a stranger?								0	1	2	3	4	NA
Dislike someone approaching and putting an arm around their shoulder?								0	1	2	3	4	NA
Dislike shaking or holding another's hand, especially a stranger's?								0	1	2	3	4	NA
Dislike being cuddled, hugged, except perhaps by parents or partner?								0	1	2	3	4	NA
Limit themselves to particular food textures or food temperatures? Please list: _____								0	1	2	3	4	NA
Becomes agitated easily, especially in a cramp elevators, malls, subways, busy city streets?								0	1	2	3	4	NA
Avoid going barefoot especially in sand or grass?								0	1	2	3	4	NA
Avoid wearing shoes, loves going barefoot?								0	1	2	3	4	NA
Have difficulty standing close to other people, or in a line?								0	1	2	3	4	NA
Have feelings of needing to mentally prepare self for situations when people may tough you?								0	1	2	3	4	NA
Rub or scratch out a spot which has been touched, kissed?								0	1	2	3	4	NA
Gag easily with food textures, food utensils, tooth brush in mouth?								0	1	2	3	4	NA
Display unusual need for touching certain toys, surfaces, or textures (i.e. smooth/rough fabric)?								0	1	2	3	4	NA
Hang his/her head on purpose, now or in the past?								0	1	2	3	4	NA
Hang, pinch, bites, or otherwise hurt him/herself/others intentionally or otherwise?								0	1	2	3	4	NA
Prefer long-sleeved garments in warm weather, or short-sleeved clothes in winter?								0	1	2	3	4	NA
Show decreased awareness of temperature?								0	1	2	3	4	NA
Can't stand feeling sticky/sweaty in summer?								0	1	2	3	4	NA
Emotional/aggressive when touched?								0	1	2	3	4	NA
Touch others and objects, "everything in sight," to the point of irritating others?								0	1	2	3	4	NA
Mouth objects frequently? (i.e. hands, clothing, etc)? Please specify: _____								0	1	2	3	4	NA
Dislike turtleneck tops, or rebel against tight fitting clothes, belts, wristbands, etc?								0	1	2	3	4	NA
Dislike the feeling of jewelry (rings, bracelets, necklaces, earrings)?								0	1	2	3	4	NA
Adult clients have discomfort with physical intimacy because all touching feels noxious?								0	1	2	3	4	NA
Not seem to notice when someone touches arm or back?								0	1	2	3	4	NA
Seem to not notice when face or hands are messy?								0	1	2	3	4	NA
Leave clothing twisted, disheveled on body?								0	1	2	3	4	NA

Comments: _____

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PROPRIOCEPTION SYSTEM/BODY POSITION

Describe the individual's present proprioception issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does the individual:

Prefer to lie rather than sit or stand?	0	1	2	3	4	NA	Seems to "tackle" everything?	0	1	2	3	4	NA
Seem to have weak muscles?	0	1	2	3	4	NA	Walk on toes?	0	1	2	3	4	NA
Moves stiffly, turns whole body?	0	1	2	3	4	NA	Have a weak grasp?	0	1	2	3	4	NA
Have difficulty lifting heavier objects?	0	1	2	3	4	NA	Prop to support self?	0	1	2	3	4	NA
Crave rough tumble and play?	0	1	2	3	4	NA	Stuff food in mouth?	0	1	2	3	4	NA
Grind teeth?	0	1	2	3	4	NA	Pulls and twists things?	0	1	2	3	4	NA
Trouble with learning urinary control?	0	1	2	3	4	NA	Have trouble with constipation?	0	1	2	3	4	NA
Had trouble learning bowel control?	0	1	2	3	4	NA	Pull on finger and crack knuckles?	0	1	2	3	4	NA
Seek opportunities and likes to jump, crash, or fall without regard to personal safety?								0	1	2	3	4	NA
Hang or lean on other people and objects even with unfamiliar people or situations?								0	1	2	3	4	NA
Tire easily, especially when standing or holding a particular body position?								0	1	2	3	4	NA
Lock joints (knees, elbows) for stability?								0	1	2	3	4	NA
Uses too much pressure when writing and breaks many pencil points?								0	1	2	3	4	NA
Seek out jumping on a trampoline for extended periods?								0	1	2	3	4	NA
Bumps, trips, or pushes into others or objects?								0	1	2	3	4	NA
Want to be weighed down with heavy blankets at night?								0	1	2	3	4	NA
As an infant, learn to walk with little or no crawling?								0	1	2	3	4	NA
As an infant, crept on tummy rather than on hands and knees?								0	1	2	3	4	NA
Dislikes vibrations from air conditioners, vehicles, furnaces, appliances (e.g. blender, etc)?								0	1	2	3	4	NA
Craves vibrations from air conditioners, vehicles, furnaces, appliances (e.g. blender, etc)?								0	1	2	3	4	NA
Chew on toys/objects excessively (i.e. gum, shirt, nails, fingers, pencil, etc)?								0	1	2	3	4	NA
Breaks toys or objects often without meaning to?								0	1	2	3	4	NA
Stands too close when talking to others?								0	1	2	3	4	NA
Seem unaware of where their body or body parts are, lose track of her/himself, or whole body?								0	1	2	3	4	NA

Comments: _____

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MOTOR STABILITY, BALANCE, POSTURAL PRAXIS

Can the individual:

Climb over obstacles?	0	1	2	3	4	NA	Jump with both feet together?	0	1	2	3	4	NA
Hop on one foot?	0	1	2	3	4	NA	Ride a tricycle?	0	1	2	3	4	NA
Jump rope?	0	1	2	3	4	NA	Pump self on the swing?	0	1	2	3	4	NA
Skip?	0	1	2	3	4	NA	Kick a ball?	0	1	2	3	4	NA
Sit in a chair?	0	1	2	3	4	NA	Ride two-wheeler?	0	1	2	3	4	NA

Comments: _____

_____

VESTIBULAR SYSTEM/MOVEMENT

Describe the individual's present vestibular and movement issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
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Does the individual:

Fear falling or heights?	0	1	2	3	4	NA	Dislike riding in a car?	0	1	2	3	4	NA
Fear of stepping to/from street curb?	0	1	2	3	4	NA	Avoid amusement park rides?	0	1	2	3	4	NA
Has trouble staying seated?	0	1	2	3	4	NA	Twirl/spin self frequently during day?	0	1	2	3	4	NA
Stares at spinning objects?	0	1	2	3	4	NA	Holds onto walls or banisters?	0	1	2	3	4	NA
Enjoys being upside down?	0	1	2	3	4	NA	Poor endurance/tire easily?	0	1	2	3	4	NA
Appear lethargic?	0	1	2	3	4	NA	Rock in desk/chair/on floor?	0	1	2	3	4	NA
Become anxious or distressed when feet leave the ground?								0	1	2	3	4	NA
Dislike activities where head is upside down (i.e. somersaults) or rough-housing?								0	1	2	3	4	NA
Avoid climbing, jumping, bumpy, or uneven ground?								0	1	2	3	4	NA
Become anxious/panicked walking down steps or riding an escalator?								0	1	2	3	4	NA
Seeks all kinds of movement and this interferes with daily routines?								0	1	2	3	4	NA
Seeks sedentary play/activity options, is very cautious and hesitant to take risks?								0	1	2	3	4	NA
Avoid playground equipment or moving toys, recreational activity involving movement?								0	1	2	3	4	NA
Rock unconsciously during other activities (i.e. while watching TV, working, talking)?								0	1	2	3	4	NA
Seek all kinds of movement activities (i.e. Ferris wheel, roller coaster, being whirled by adult)?								0	1	2	3	4	NA
Take excessive risks with movement, climbing, or play that compromise personal safety?								0	1	2	3	4	NA
Hold head upright, even when bending over or leaning?								0	1	2	3	4	NA
Become disoriented when bending over forward or backward, or to look up and back?								0	1	2	3	4	NA
Become overly excitable after a movement activity?								0	1	2	3	4	NA
Difficulty with coordination, balance, and avoid balance games in sports, or on playground?								0	1	2	3	4	NA
Get dizzy easily (carsick or seasick, in a boat, airplane, escalator, or elevator)?								0	1	2	3	4	NA
Feels anxious when experiencing fast or sudden movement, or on an unstable surface?								0	1	2	3	4	NA
Dislike looking down from escalator, glass front elevator, upper story windows, etc?								0	1	2	3	4	NA

Comments: _____

_____

_____

ACTIVITY LEVEL/AROUSAL AND SELF-REGULATION

Does (or is) the individual:

Always "on the go"?	0	1	2	3	4	NA	Have difficulty paying attention?	0	1	2	3	4	NA
Avoid quiet play/work activities?	0	1	2	3	4	NA	Difficulty being calmed once upset?	0	1	2	3	4	NA
Jump from one activity to another so frequently it interferes with play/work?								0	1	2	3	4	NA
Prefer to spend most of the day in quiet sedentary play/work activities (i.e. books, computers)?								0	1	2	3	4	NA
Have difficulty getting to sleep and/or waking up in the morning?								0	1	2	3	4	NA
Difficulty sleeping through the night (12-14 hours)?								0	1	2	3	4	NA
Engage in repetitive self-stimulative schemes?								0	1	2	3	4	NA

Comments: _____

AUDITORY SYSTEM

Describe the individual's present auditory issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
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Does the individual:

Request information to be repeated?	0	1	2	3	4	NA	Self-talks through a task?	0	1	2	3	4	NA
Listen inconsistent to sound?	0	1	2	3	4	NA	Can't work with background noise?	0	1	2	3	4	NA
Seems oblivious in an active place?	0	1	2	3	4	NA	Talks louder than everyone else?	0	1	2	3	4	NA
Startle to sounds which others don't?	0	1	2	3	4	NA	Appear to not hear what you say?	0	1	2	3	4	NA
Runs from loud environment?	0	1	2	3	4	NA	Needs directions repeated?	0	1	2	3	4	NA
Have a diagnosed hearing loss?	0	1	2	3	4	NA	Enjoy and/or seek strange noises?	0	1	2	3	4	NA
No response when name is called?	0	1	2	3	4	NA	Unable to shot out constant noise?	0	1	2	3	4	NA
Have a difficult time remember things they have learned auditorily?								0	1	2	3	4	NA
Have/had difficult time learning phonics?								0	1	2	3	4	NA
Have difficulty working with background noise? (e.g. fan, refrigerator)								0	1	2	3	4	NA
Respond negatively to unexpected or loud noises? (siren, vacuum cleaner, truck passing, etc)								0	1	2	3	4	NA
Become distracted or have difficulty functioning if there is noise around?								0	1	2	3	4	NA
Trouble completing tasks when the radio is on?								0	1	2	3	4	NA
Specifically crave very soft, easy going music or the opposite – loud, upbeat, or rock music?								0	1	2	3	4	NA
Hold hands over ears, become agitated in certain environments? (cafeteria, gym, church, mall, etc)								0	1	2	3	4	NA
Demands only one person speaks at dinner table?								0	1	2	3	4	NA
Seem as it always on guard, anticipating loud, sudden noises, or always asking "What was that"?								0	1	2	3	4	NA
Have a history of early childhood chronic ear infections?								0	1	2	3	4	NA
Wants car radio to be on louder or the opposite, that it be turned off or always lower?								0	1	2	3	4	NA

Comments: _____

_____

_____

VISUAL SYSTEM

Describe the individual's present visual issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does the individual:

Resist eyes from being covered?	0	1	2	3	4	NA	Wants lights dimmed inside?	0	1	2	3	4	NA
Make letter reversals?	0	1	2	3	4	NA	Wears sunglasses inside?	0	1	2	3	4	NA
Write illegibly?	0	1	2	3	4	NA	Oblivious when others enter room?	0	1	2	3	4	NA
Hesitate going up/down curbs/steps?	0	1	2	3	4	NA	Get lost easily?	0	1	2	3	4	NA
Can't discriminating shapes/colors?	0	1	2	3	4	NA	Difficulty putting puzzles together?	0	1	2	3	4	NA
Look away from tasks to notice all actions in the room?								0	1	2	3	4	NA
Express discomfort/squints/avoids/recoils from bright lights when others have adapted to it?								0	1	2	3	4	NA

Describe the individual's present visual issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
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Show pleasure when dark and prefers to be in the dark?	0 1 2 3 4	NA
Insist on wearing dark glasses when outside?	0 1 2 3 4	NA
Close one eye or tip head when looking or reading?	0 1 2 3 4	NA
Turns opposite direction from where teacher is sitting?	0 1 2 3 4	NA
Look carefully or stares intensely at objects/people?	0 1 2 3 4	NA
Become frustrated when trying to find objects in competing backgrounds? (i.e. overfilled bin)	0 1 2 3 4	NA
Have trouble scanning environment to find a toy, or will miss picking up pieces, not seeing them?	0 1 2 3 4	NA
Lose place in book or skip words in reading?	0 1 2 3 4	NA
Have great difficulty copying from board at school or from book to paper?	0 1 2 3 4	NA
Find that eye contact is overwhelming, avoiding it, or looks beyond person's face?	0 1 2 3 4	NA
Have a hard time finding objects in competing backgrounds? (i.e. shoes in messy room)	0 1 2 3 4	NA
Become excited/disorganized when there are a lot of visual objects, or excessive visual stimulus?	0 1 2 3 4	NA
Have trouble staying in the lines when coloring or when writing?	0 1 2 3 4	NA
Become annoyed by moving objects, flickering lights on TV or on the computer monitor?	0 1 2 3 4	NA
Watches everyone when the move around the room?	0 1 2 3 4	NA
Become overwhelmed by busy visual fields, clutter, shopping, or visiting densely packed environments? (malls, grocery, fairs, sporting events)	0 1 2 3 4	NA

Comments: _____

_____

_____

TASTE-SMELL/ORAL SENSORY-MOTOR

Describe the individual's present taste/smell/oral sensory issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Does the individual:

Deliberately smell objects?	0	1	2	3	4	NA	Routinely smell food?	0	1	2	3	4	NA
React negatively to smell?	0	1	2	3	4	NA	Not seem to smell strong odors?	0	1	2	3	4	NA
Hyperactive/overactive gag reflex?	0	1	2	3	4	NA	Eat or drink in a messy manner?	0	1	2	3	4	NA
Stuff food/objects in mouth?	0	1	2	3	4	NA	Drooled after 15 months of age?	0	1	2	3	4	NA
Breathes through mouth not nose?	0	1	2	3	4	NA	Won't visit certain environments?	0	1	2	3	4	NA
Show strong preference for certain smells? List which smells: _____								0	1	2	3	4	NA
Avoid putting toys or objects in mouth as an infant/toddler?								0	1	2	3	4	NA
Become aware and repulsed by smells at a distance which others are unaware of?								0	1	2	3	4	NA
Grimace at odors others don't notice?								0	1	2	3	4	NA
Feel light headed or sick from or negatively react to smell of chemicals in the environment?								0	1	2	3	4	NA
Refused and/or gag which food of certain texture/taste/odor?								0	1	2	3	4	NA

Describe the individual's present taste/smell/oral sensory issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Avoid certain tastes/smells that are typically part of a normal diet?	0 1 2 3 4	NA
Have food preferences that are narrow or limited? Please list: _____	0 1 2 3 4	NA
Crave certain foods and/or eat only certain textures? Please list: _____	0 1 2 3 4	NA
Dislike eating and have a tendency towards, or is diagnosed with □ anorexia, □ bulimia?	0 1 2 3 4	NA
Have early: <please check> □sucking, □ swallowing ___, or □ chewing difficulties?	0 1 2 3 4	NA

Comments: _____

_____

_____

FINE MOTOR/MOTOR PLANNING

Describe the individual's present fine motor issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Did/does the individual exhibit difficulty with:

Cutting or pasting?	0 1 2 3 4	NA	Small manipulative toys/objects?	0 1 2 3 4	NA
A weak grasp?	0 1 2 3 4	NA	Tiring easily?	0 1 2 3 4	NA
Positioning clothes on body?	0 1 2 3 4	NA	Seem to be accident prone?	0 1 2 3 4	NA
Play tends to be repetitive?	0 1 2 3 4	NA	Controlling release of objects?	0 1 2 3 4	NA
Learning to hold a pencil or crayon in a three-point position?				0 1 2 3 4	NA
Grasping objects too tightly or breaking lots of pencil points?				0 1 2 3 4	NA
Rhythm or alternating movements, like jump rope or hopscotch?				0 1 2 3 4	NA
Tend to prefer sedentary activities, e.g. sits and plays with objects, watches TV, reads books, etc?				0 1 2 3 4	NA
Unusually, thought not purposefully, clumsy with toys/objects?				0 1 2 3 4	NA
Learning manipulative hand skills (spoons, scissors, zipper, snaps, buttons)?				0 1 2 3 4	NA
Moves quickly from one activity to the next, not sustaining or expanding plays?				0 1 2 3 4	NA
Play tends to be simple schemes (i.e. dumping, putting then taking out, etc)?				0 1 2 3 4	NA

Comments: _____

_____

_____

COMMUNICATION/LANGUAGE

Most of these questions may only be pertinent to the child or developmentally young individual

Describe the individual's present fine motor issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

Was/is speech developmentally delayed? □ Yes □ No

Does the individual:

Show little or no interest in: □ You, □ In inanimate objects?												NA
Nonresponsive to simple relationship based interactions, e.g. no reciprocation of facial expression?												NA
General difficulty responding to another's overtures with emotion, facial or tonal expressiveness?												NA
Please mark specific difficulty expressing these feelings:												
Frown/displeasure	0	1	2	3	4	NA	Anger/crying tantrums	0	1	2	3	4	NA
Curious/interest/alert/focused	0	1	2	3	4	NA	Frustration	0	1	2	3	4	NA
Hesitant/indecisive	0	1	2	3	4	NA	Distress/tears/yells	0	1	2	3	4	NA
Fearful/withdrawn/aloof	0	1	2	3	4	NA	Interested/persistent	0	1	2	3	4	NA
Babbling/jargoning	0	1	2	3	4	NA	Pleasure/laughter/giggles	0	1	2	3	4	NA
Jealous/assertive/demanding	0	1	2	3	4	NA	Other: _____	0	1	2	3	4	NA
Difficulty responding to gestures with intentional and reciprocal gestures such as:												
Reaching out	0	1	2	3	4	NA	Turning/looking/pushing away	0	1	2	3	4	NA
Returning vocalization or looks	0	1	2	3	4	NA	Nodding or shaking head	0	1	2	3	4	NA
Pointing	0	1	2	3	4	NA	Waving	0	1	2	3	4	NA
Other:_____	0	1	2	3	4	NA	Other: _____	0	1	2	3	4	NA
Difficulty initiating interactions using gestures, such as:												
Pulls you to place or object								0	1	2	3	4	NA
Pushes toy/food away if displeased or finished								0	1	2	3	4	NA
Other: _____								0	1	2	3	4	NA
Difficult carrying on a continuous reciprocal "conversation" using:												
Gestures	0	1	2	3	4	NA	Communication/vocalization	0	1	2	3	4	NA
Words	0	1	2	3	4	NA	Phrases/sentences	0	1	2	3	4	NA
Facial expressions	0	1	2	3	4	NA	Touching/holding	0	1	2	3	4	NA
Difficulty communicating:												
Wishes	0	1	2	3	4	NA	Intentions	0	1	2	3	4	NA
Feelings	0	1	2	3	4	NA	Using vocalization	0	1	2	3	4	NA
Gestures	0	1	2	3	4	NA	Words	0	1	2	3	4	NA
Phrases	0	1	2	3	4	NA	Sentences	0	1	2	3	4	NA
Difficulty using words reciprocally with another to:												
Communicate wishes	0	1	2	3	4	NA	Intentions	0	1	2	3	4	NA
Feelings	0	1	2	3	4	NA	Other: _____	0	1	2	3	4	NA
Difficulty understanding what is said to them?								0	1	2	3	4	NA
Difficulty communicating with focal tonal inflection and showing emotional variations?								0	1	2	3	4	NA

Comments: _____

_____

_____

SCHOOL AND WORK PERFORMANCE

Describe the individual's present school and work issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
- (3)Frequently: When presented with the opportunity, client *usually* responds in this manner, *at least 75% of the time*
- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*

School/work performance: Handwriting

Does the individual:

Tire easily when writing?	0	1	2	3	4	NA	Tends to reverse numbers? (14=41)	0	1	2	3	4	NA
Make letters of inconsistent size?	0	1	2	3	4	NA	Pen strokes too heavy or too light?	0	1	2	3	4	NA
Mix up which hand/foot is left or right?	0	1	2	3	4	NA	Difficulty staying in lines on paper?	0	1	2	3	4	NA
Need to prop his/her head while reading or writing at desk?								0	1	2	3	4	NA
Make reversals of letters/numbers when writing?								0	1	2	3	4	NA
Not have a clearly dominant hand by age 4?								0	1	2	3	4	NA
When writing, have to be reminded to hold paper down?								0	1	2	3	4	NA
Have poor spacing between letters, words, and lines?								0	1	2	3	4	NA
Have difficulty learning to hold pencil or crayon in three-point or tripod position?								0	1	2	3	4	NA
Have trouble differentiating capitals and small letters?								0	1	2	3	4	NA

Comments: _____

_____

School/work performance: Organization

Does the individual:

Organize papers poorly?	0	1	2	3	4	NA	Difficulty remember schedules?	0	1	2	3	4	NA
Have difficulty with graded sizes of nesting or stacking objects/toys?								0	1	2	3	4	NA
Have generally poor organizational skills (materials, homework assignments, desk, book bag, etc)?								0	1	2	3	4	NA
Seem quite verbal but has difficulty organizing ideas sequentially and clearly?								0	1	2	3	4	NA

Comments: _____

_____

School/work performance: Behavior

Does the individual:

Rush through assignments?	0	1	2	3	4	NA	Dawdle or take excessive time?	0	1	2	3	4	NA
Seem lazy and as if they could do it if they just tried harder?								0	1	2	3	4	NA

Comments: _____

_____

School performance: Math

Does the individual:

Have difficulty counting accurately?	0	1	2	3	4	NA
Have difficulty lining up columns or rows?	0	1	2	3	4	NA
Confuse concepts of greater than or less than, more, between, etc?	0	1	2	3	4	NA
Have difficulty with complex multiplication or long division?	0	1	2	3	4	NA
Have difficulty proceeding from rote counting of objects to abstract math problems w/o pictures?	0	1	2	3	4	NA

Comments: _____

_____

Rating System

Describe the individual's issues using the following key to mark your responses:

- (0)Never: When presented with the opportunity, client *never* responds in this manner, *0% of the time*
- (1)Seldom: When presented with the opportunity, client *doesn't* respond in this manner *more than 25% of the time*
- (2)Occasionally: When presented with the opportunity, client responds in this manner *about 50% of the time*
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- (4)Always: When presented with the opportunity, client responds in the manner *almost every time, 90-100%*