



INFANT/TODDLER SENSORY PROFILE™

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Caregiver Questionnaire BIRTH TO 6 MONTHS

Child's Name: _____ Birth Date: _____ Date: _____

Completed by: _____ Relationship to Child: _____

Service Provider's Name: _____ Discipline: _____

Was your child born prematurely? _____ If so, by how many weeks? _____

Circle the birth order of your child within the family 1st 2nd 3rd 4th 5th Other _____

Have there been more than 3 children, between the ages of birth-18 years, living in your household during the past 12 months? _____

INSTRUCTIONS

Please check the box that **best** describes the frequency with which your child does the following behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Write any comments at the end of each section.

Use the following key to mark your responses

- ALMOST ALWAYS** When presented with the opportunity, your child **almost always** responds in this manner, 90% or more of the time.
- FREQUENTLY** When presented with the opportunity, your child **frequently** responds in this manner, about 75% of the time.
- OCCASIONALLY** When presented with the opportunity, your child **occasionally** responds in this manner, about 50% of the time.
- SELDOM** When presented with the opportunity, your child **seldom** responds in this manner, about 25% of the time.
- ALMOST NEVER** When presented with the opportunity, your child **almost never** responds in this manner, 10% or less of the time.

Item	A. General Processing				ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
~	1	My child is active throughout the day.							
—	2	My child stays quiet and calm in an active environment when compared to same age children.							
—	3	My child is unaware of people coming in and going out of the room.							
⊙	4	My child's behavior deteriorates when the schedule changes.							
⊙	5	My child has difficulty getting to sleep and is easily awakened.							
⊙	6	My child is irritable when compared to same age children.							

Comments

Item	B. Auditory Processing				ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
—	7	I have to speak loudly to get my child's attention.							
—	8	My child remains calm, even with sudden, everyday sounds (for example, dog barking, phone).							
—	9	I have to touch my child to gain attention.							
—	10	My child seems unaware of continuous noise in the environment (for example, TV, stereo).							
~	11	My child enjoys making sounds with his/her mouth.							
—	12	My child takes a long time to respond, even to familiar voices.							
⊙	13	My child startles easily at sound, compared to other children the same age.							
⊙	14	My child is distracted and/or has difficulty eating in noisy environments.							
—	15	My child ignores me when I am talking.							

Comments

Item		C. Visual Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
~	16	My child enjoys looking at moving or spinning objects (for example, ceiling fans, toys with wheels, floor fans).					
~	17	My child enjoys looking at shiny objects.					
—	18	My child reacts to all faces the same way (for example, to strangers, parents, caregivers, grandparents, siblings).					
⊙	19	My child gets fussy when exposed to bright lights.					
—	20	My child avoids eye contact with me.					
⊙	21	My child startles at own reflection in the mirror.					
	22	My child avoids looking at toys.					

Comments

Item		D. Tactile Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
—	23	My child seems unaware of wet or dirty diapers.					
	24	My child resists being held.					
⊙	25	My child becomes agitated when having hair washed.					
	26	My child avoids getting face/nose wiped.					
⊙	27	My child is distressed when having nails trimmed.					
	28	My child resists being cuddled.					

Comments

Item		E: Vestibular Processing	ALMOST ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	ALMOST NEVER
—	29	My child requires more support for sitting than other children the same age (for example, infant seat, pillows, towel roll).					
~	30	My child enjoys physical activity (for example, bouncing, being held up high in the air).					
—	31	My child doesn't seem to notice position changes and can be moved about with ease.					
~	32	My child enjoys rhythmical activities (for example, swinging, rocking, car rides).					
⊙	33	My child becomes upset when placed on back to change diapers.					
⊙	34	Riding in the car upsets my child.					
	35	My child resists having head tipped back during bathing.					
⊙	36	My child cries or fusses whenever I try to move him/her.					

Comments

What do you see as your child's strengths? _____

What are your concerns? _____

STOP HERE IF YOUR CHILD IS BIRTH TO 6 MONTHS OLD.

ICON KEY	
—	Low Registration
~	Sensation Seeking
⊙	Sensory Sensitivity
	Sensation Avoiding

SCORE KEY	
1	Almost Always
2	Frequently
3	Occasionally
4	Seldom
5	Almost Never