

Short Sensory Profile

Winnie Dunn, Ph. D., OTR, FAOTA



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. Total each column and record it in the Section Raw Score Total row.

Use the following to mark your responses:

ALWAYS

When presented with the opportunity, your child always responds in this manner, **100% of the time.**

FREQUENTLY

When presented with the opportunity, your child frequently responds in this manner, **75% of the time.**

OCCASIONALLY

When presented with the opportunity, your child occasionally responds in this manner, **50% of the time.**

SELDOM

When presented with the opportunity, your child seldom responds in this manner, **25% of the time.**

NEVER

When presented with the opportunity, your child never responds in this manner, **0% of the time.**

Child's Name: _____

Relationship to Child: _____

Completed by: _____

Discipline: _____

Service Provider's Name: _____

Birth Date: _____ Date: _____

Item	Tactile Sensitivity	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
1	Express distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting)					
2	Prefers long-sleeved clothing when it is warm or short sleeves when it is cold					
3	Avoids going barefoot, especially in sand or grass					
4	Reacts emotionally or aggressively to touch					
5	Withdraws from splashing water					
6	Has difficulty standing in line or close to other people					
7	Rubs or scratches out a spot that has been touched					
Section Raw Score Total						

Short Sensory Profile

Winnie Dunn, Ph. D., OTR, FAOTA



		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
Item	Taste/Smell Sensitivity					
8	Avoids certain tastes or food smells that are typically part of children's diet					
9	Will only eat certain tastes (list: _____)					
10	Limits self to particular food temperatures/textures (list: _____)					
11	Picky eater, especially regarding food textures					
Section Raw Score Total						
Item	Movement Sensitivity					
12	Becomes anxious or distressed when feet leave the ground					
13	Fears falling or heights					
14	Dislikes activities where head is upside down (for example, somersaults, roughhousing)					
Section Raw Score Total						
Item	Underresponsive/Seeks Sensation					
15	Enjoys strange noises/seeks to make noise for noise's sake					
16	Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets)					
17	Becomes overly excitable during movement activity					
18	Touches people and objects					
19	Doesn't seem to notice when face or hands are messy					
20	Jumps from one activity to another so that it interferes with play					
21	Leaves clothing twisted on body					
Section Raw Score Total						

Short Sensory Profile

Winnie Dunn, Ph. D., OTR, FAOTA



Item	Auditory Filtering	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
22	Is distracted and has trouble functioning if there is a lot of noise around					
23	Appears to not hear what you say (for example, does not "tune-in" to what you say, appears to ignore you)					
24	Can't work with background noise (for example, fan or refrigerator)					
25	Has trouble completing tasks when the radio is on					
26	Doesn't respond when name is called but you know the child's hearing is OK					
27	Has difficulty paying attention					
Section Raw Score Total						
Item	Low Energy/Weak					
28	Seems to have weak muscles					
29	Tires easily, especially when standing or holding particular body position					
30	Has a weak grasp					
31	Can't lift heavy objects (for example, weak in comparison to same age children)					
32	Props to support self (even during activity)					
33	Poor endurance/tires easily					
Section Raw Score Total						

Short Sensory Profile

Winnie Dunn, Ph. D., OTR, FAOTA



Item	Visual Auditory Sensitivity	ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
34	Responds negatively to unexpected or loud noises (for example, cries or hides at noise for vacuum cleaner, dog barking, hair dryer)					
35	Holds hands over ears to protect ears from sound					
36	Is bothered by bright lights after others have adapted to the light					
37	Watches everyone when they move around the room					
38	Covers eyes or squints to protect eyes from light					
Section Raw Score Total						

Short Sensory Profile

Winnie Dunn, Ph. D., OTR, FAOTA



Summary

Instructions: Transfer the score for each section to the Section Raw Score Total column. Plot these totals by making an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference).*

SCORE KEY

1=Always
2=Frequently
3=Occasionally
4=Seldom
5=Never

Section	Section Raw Score Total	Typical Performance	Probable Difference	Definite Difference
Tactile Sensitivity	/35	35-----30	29-----27	26-----7
Taste/Smell Sensitivity	/20	20-----15	14-----12	11-----4
Movement Sensitivity	/15	15-----13	12-----11	10-----3
Underresponsive/Seeks Sensation	/35	35-----27	26-----24	23-----7
Auditory Filtering	/30	30-----23	22-----20	19-----6
Low Energy/Weak	/30	30-----26	25-----24	23-----6
Visual/Auditory Sensitivity	/25	25-----19	18-----16	15-----5
Total	/190	190-----155	154-----142	141-----38

*Classifications are based on the performance of children without disabilities (n=1,037)

Copyright © 1999 The Psychological Corporation. All rights reserved. No part of this publication can be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publisher. The Psychological Corporation and the PSI logo are registered trademarks of The Psychological Corporations. Printed in the United States of America.

