SENSORY DEFENSIVENESS SCREENING FOR ADULTS

Name: _____ **Date:** _____ **Circle: Male or Female**

Age: _____ **Circle: Patient Staff Student Other Occupation:** _____

Diagnosis: _____ **Living situation:** _____

PART I

Please score first and immediate response by circling **Y (if behavior usually applies)** or **N (if behavior rarely applies).**

Do you:

Y N layer your clothing often
Y N overdress for the temperature
Y N prefer long sleeves, even in summer
Y N pick illogical clothing preferences
Y N repeatedly wear favorite clothes
Y N experience discomfort with dressing or undressing
Y N get irritated by showering
Y N get irritated by face washing, or shaving
Y N get irritated by tooth brushing
Y N have poor personal hygiene
Y N like wrapping yourself in bedding
Y N sit with hands or feet underneath you
Y N bite hand/wrist/arm when upset
Y N bang head or part of body when upset
Y N grind teeth
Y N prefer to touch rather than be touched
Y N become upset when someone comes behind you
Y N find touch to be painful/ harmful
Y N get anxious when being hugged
Y N like an exaggerated personal space
Y N find that closed rooms bother you
Y N avoid crowded places
Y N startle more easily than others
Y N have patterns of social withdrawal
Y N have unexplained emotional outbursts
Y N feel you are always "on guard"

Do you:

Y N avoid food with mixed textures
Y N have difficulty swallowing
Y N like noxious odors (gasoline, etc.)
Y N seem overly sensitive to smells
Y N avoid noisy places
Y N need absolute quiet to concentrate
Y N get agitated by white noise (fan, etc.)
Y N get irritated by sounds others would ignore
Y N have trouble staying on the line when reading/writing
Y N get overly bothered by lights at night
Y N get distraught by occluded vision (such as a blindfold)
Y N become upset by complex visual stimuli (lots of colors or moving objects)
Y N find yourself staring at things
Y N over-react to unstable surfaces
Y N often bump into things
Y N lose balance easily
Y N rock back and forth to calm yourself
Y N dislike heights
Y N fatigue easily
Y N feel uncomfortable with body or looks
Y N cut or hurt self when anxious or upset
Y N not feel pain
Y N dislike routine
Y N exhibit addictive behaviors

Score Section I: # Y _____ **# N** _____ **out of 50 items** **% Yes** _____

PART II

Functional Implications

First, consider the sensory behaviors that you checked "Yes" in Part I.

Then, thinking about the sensory behaviors, read each of the questions below. Circle **Y for yes** or **N for no** beside each question. If the question does not apply to you, write NA. Note: Do not respond with yes if these problems are caused by something other than sensory problems. For example poor hygiene could be due to fatigue caused by depression, not because bathing is irritating.

Please explain answer if it is YES.

Y N Do these sensory behaviors interfere with your **hygiene** and your ability to dress and care for yourself the way you would like?

Y N Do these sensory behaviors prevent you from being **independent** in the community (driving, going to public places)?

Y N Do these sensory behaviors interfere with your **relationships** with other people?

Y N Do these sensory behaviors interfere with your ability to enjoy an **intimate relationship**?

Y N Do these sensory behaviors interfere with your ability to **socialize** with others?

Y N Do these sensory behaviors interfere with your ability to **care for your home or your family**?

Y N Do these sensory behaviors interfere with your ability to go to **school** or to perform your **job** or to seek employment?

Y N Do these sensory behaviors interfere with your ability to enjoy **leisure** activities and to have fun?

Y N Do these sensory behaviors interfere with your **safety**?

Check any experiences that apply:

___History of sexual abuse	___Respiratory problems	___Serious injury or surgery
___History of physical abuse	___Multiple hospitalizations	___Traumatic birth
___Self-harming behavior	___Torture	___Suicide attempts
___Eating disorder	___Serious stomach problems	___Period of sensory deprivation