

Short Sensory Profile

Name

Date of Birth

This form is for adults to rate themselves through a series of questions.

Please check the box that best describes the frequency with which you show the following behaviours. Please answer all of the statements.. Please do not write in the Section Raw Score Total row.

Use the following key to mark your responses:

ALWAYS	When presented with the opportunity responds in this manner, 100% of the time.
FREQUENTLY	When presented with the opportunity frequently responds in this manner, about 75% of the time.
OCCASIONALLY	When presented with the opportunity occasionally responds in this manner, about 50% of the time.
SELDOM	When presented with the opportunity sometimes responds in this manner, 25% of the time.
NEVER	When presented with the opportunity, never responds in this manner, 0% of the time.

		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
Tactile Sensitivity						
1	Expresses 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

Taste/Smell Sensitivity						
8	Avoids certain tastes or food smells					
9	Will only eat certain tastes list					
10	Limits self to particular food textures/temperatures					
11	Picky eater, especially regarding food textures					

Section Raw Score Total

Movement Sensitivity

		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
12	Becomes anxious or distressed when feet leave the ground					
13	Fears falling or heights					
14	Dislikes activities where the head is upside down (for example, somersaults, roughhousing)					
Section Raw Score Total						

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						

Auditory filtering

22	Is distracted or 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, refrigerator)					
25	Has trouble completing tasks when the radio is on					
26	Doesn't respond when name is called but you know hearing is OK					
27	Has difficulty paying attention					
Section Raw Score Total						

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						

Visual/Auditory Sensitivity

		ALWAYS	FREQUENTLY	OCCASIONALLY	SELDOM	NEVER
34	Responds negatively to unexpected noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer)					
35	Holds hands over ears to protect ears from sounds					
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						

Summary

Instructions: Transfer the score for each section to the Section Raw Score Total column. Plot these totals by marking 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 Taste/Smell	/35	35 ____ 30	29 ____ 27	26 ____ 7
Sensitivity Movement Sensitivity	/20	20 ____ 15	14 ____ 12	11 ____ 4
Underresponsive/Seeks Sensation	/15	15 ____ 13	12 ____ 11	10 ____ 3
Auditory Filtering	/35	35 ____ 27	26 ____ 24	23 ____ 7
Low Energy/Weak	/30	30 ____ 23	22 ____ 20	19 ____ 6
Visual/Auditory Sensitivity	/30	30 ____ 26	25 ____ 24	23 ____ 6
Total	/25	25 ____ 19	18 ____ 16	15 ____ 5
	/190	190 ____ 155	152 ____ 142	141 ____ 38