

# Sensory Integration Inventory

**Tactile:** the individual's use of and reactions to the sense of touch

**Directions:** Mark each category with one of the following

N if never has the behavior,

O if the behavior happens occasionally and

F if the behavior occurs frequently.

## Dressing Issues

- Resistance to layers of clothing
- Pushes up pant legs, sleeves or shirts
- Strips off clothing
- Refuses to undress
- Frequently adjusts clothing as if it binds or is uncomfortable
- Wraps self in clothing or bedding
- Insists on having something wrapped around finger, wrist or arm
- Avoids or irritated by certain materials or textures
- Indicates distress when barefoot
- Insists on being barefoot

## Other Activities of Daily Living

- Spits or rejects certain food textures
- Resists grooming (circle which ones)
  - a. washing face      e. tooth brushing
  - b. combing hair      f. nail trimming
  - c. cutting hair      g. bathing
  - d. washing hair      h. shaving

## Self Stimulatory Behaviors

- Persistent hand mouth activity
- Mouths objects or clothing
- Rubs or plays with spit
- Persistently has hand in pants or pocket
- Sits on hands or feet
- Pushes or rubs body against objects, walls or people
- Insists on holding an object in hand
- Rubs finger(s) against hand or other fingers

## Social Behaviors

- Looks fearful, angry or uncomfortable when touched or approached
- Withdraws or hits when **peers** reach toward them or are nearby
- Withdraws or hits when **staff** reach toward them or are nearby
- Rubs spot after being touched
- Exhibits clingy behavior
- Tries to handle or touch everything or everyone
- Avoids hand contact with objects or people

## Personal Space

- Insists on large personal space
- Seeks small spaces to calm or comfort themselves.
- Prefers to be in a corner, under a table or behind furniture.

## Self-Injurious Behaviors

- Scratches
- Pinches
- Rubs
- Hits or slaps
- Pulls Hair
- Bites hand, wrist or arm

## **Proprioception: the unconscious perception of movement and spatial orientation**

**Directions: Mark each category with one of the following**

**N** if never has the behavior,

**O** if the behavior happens occasionally and

**F** if the behavior occurs frequently.

### **Motor Skills**

- Is clumsy or awkward in movement
- Does not position self in middle of Furniture or equipment
- Is awkward when getting on or off furniture or equipment
- Is physically rough with people and objects
- Pinches when attempting to grip
- Touches or holds objects lightly
- Does not shape hand to hold objects or
- Looks at hand to reach accurately or Perform similar tasks
- Uses “high stepping” when ascending or descending steps
- Holds objects placed in hand instead of manipulating it.

### **Self Stimulatory Behaviors**

- Flaps hands, claps, jumps, hops, stamps to an unusual degree
- Walks on Toes
- Pulls against objects clenched in teeth
- Presses or bands heels or wrists
- Climbs in inappropriate places
- Pushes or leans heavily against people or Furniture
- Grinds/clenches teeth
- Bites objects/other

### **Muscle Tone**

- Lacks defined body contours
- Tires easily
- Passive unless encouraged to assist in movement
- Demonstrates a weak grip
- Speech is slurred or mumbled

### **General Reactions**

- Difficulty with transitions between activities, places or people
- Unpredictable emotional outbursts
- Slow to recover or hard to calm when upset
- Does not respond to pain, touch, sound, smell or light
- Makes repetitious “vocal” sounds
- Distractible, short attention to tasks
- Hypersensitive to touch, sound, smell or light
- Delayed response to social communications, light, smell or
- Difficulty orienting to others or new activity

### **Self-Injurious Behaviors**

- Butts head or body against stationary objects
- Bands head
- Slaps/hits self
- Bites hands/wrists/arms

**Vestibular System: detects motion and generates reflexes that affect eye movements, posture and balance**

**Directions: Mark each category with one of the following**

**N** if never has the behavior,

**O** if the behavior happens occasionally and

**F** if the behavior occurs frequently.

**Muscle Tone**

- Needs assistance when moving from sitting, lying, or standing
- Uses arms to assist self when moving from sitting, lying, or standing
- Props head or leans when sitting or standing
- Collapses onto furniture

**Self Stimulatory Behaviors**

- Rocks body
- Wags head
- Rotates or twirls body
- Waives or flicks fingers near eyes
- Paces
- Walks with a bouncing gait
- Has spurts of running

**Bilateral Coordination**

- Uses mainly one hand at a time
- Avoids reaching from side to side
- Timing uneven in when using both hands or feet

**Emotional Expression**

- Displays insecurity in open high spaces (looking over railings, or in glass elevators)
- Tenses or becomes irritable when moved
- Becomes upset at changes in room arrangements
- Looks anxious when moving from place to place

**Equilibrium Responses**

- Loses balance easily
- Falls or trips often
- Holds onto staff, railing, wall
- Persistently sits on floor
- Has slow or no response to protect self

**Spatial Perception**

- Bumps into objects
- Has difficulty going through doorways
- Exhibits hesitancy on stairs or ramps
- Descends or ascends stairs or ramps without alternating feet

**Posture and Movement**

- Displays S curve posture
- Holds arm flexed, away from body or turned into body
- Shuffles feet when walking
- Uses wide based placement of feet to stand
- Swings shoulders side to side while walking
- Holds head and neck in stiff positions
- Resists being moved by others
- Avoids or needs assistance to reach things at heights above their head
- Avoids activities that require lots of movement