

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.

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 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

Self-Injurious Behaviors

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

Muscle Tone

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

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