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

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

Other Activities of Daily Living
___ Spits or rejects certain food textures
___ Resist 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

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 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

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.

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>General Reactions</th>
</tr>
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<tbody>
<tr>
<td>___ Is clumsy or awkward in movement</td>
<td>___ Difficulty with transitions between activities, places or people</td>
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<tr>
<td>___ Does not position self in middle of furniture or equipment</td>
<td>___ Unpredictable emotional outbursts</td>
</tr>
<tr>
<td>___ Is awkward when getting on or off furniture or equipment</td>
<td>___ Slow to recover or hard to calm when upset</td>
</tr>
<tr>
<td>___ Is physically rough with people and objects</td>
<td>___ Does not respond to pain, touch, sound, smell or light</td>
</tr>
<tr>
<td>___ Pinches when attempting to grip</td>
<td>___ Makes repetitious “vocal” sounds</td>
</tr>
<tr>
<td>___ Touches or holds objects lightly</td>
<td>___ Distractible, short attention to tasks</td>
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<tr>
<td>___ Does not shape hand to hold objects or Perform similar tasks</td>
<td>___ Hypersensitive to touch, sound, smell or light</td>
</tr>
<tr>
<td>___ Looks at hand to reach accurately or Perform similar tasks</td>
<td>___ Delayed response to social communications, light, smell or</td>
</tr>
<tr>
<td>___ Uses “high stepping” when ascending or descending steps</td>
<td>___ Difficulty orienting to others or new activity</td>
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<tr>
<td>___ Holds objects placed in hand instead of manipulating it.</td>
<td></td>
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</tbody>
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<thead>
<tr>
<th>Self-Stimulatory Behaviors</th>
<th>Self-Injurious Behaviors</th>
</tr>
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<tbody>
<tr>
<td>___ Flaps hands, claps, jumps, hops, stamps to an unusual degree</td>
<td>___ Butts head or body against stationary objects</td>
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<tr>
<td>___ Walks on Toes</td>
<td>___ Bands head</td>
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<tr>
<td>___ Pulls against objects clenched in teeth</td>
<td>___ Slaps/hits self</td>
</tr>
<tr>
<td>___ Presses or bands heels or wrists</td>
<td>___ Bites hands/wrists/arms</td>
</tr>
<tr>
<td>___ Climbs in inappropriate places</td>
<td></td>
</tr>
<tr>
<td>___ Pushes or leans heavily against people or Furniture</td>
<td></td>
</tr>
<tr>
<td>___ Grinds/clenches teeth</td>
<td></td>
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<tr>
<td>___ Bites objects/other</td>
<td></td>
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</tbody>
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<tr>
<th>Muscle Tone</th>
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<tbody>
<tr>
<td>___ Lacks defined body contours</td>
</tr>
<tr>
<td>___ Tires easily</td>
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<tr>
<td>___ Passive unless encouraged to assist in movement</td>
</tr>
<tr>
<td>___ Demonstrates a weak grip</td>
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<tr>
<td>___ Speech is slurred or mumbled</td>
</tr>
</tbody>
</table>
Vestibular System: detects motion and generates reflexes that affect eye movements, posture and balance

Directions: Mark each category with one of the following
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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

Bilateral Coordination
___Uses mainly one hand at a time
___Avoids reaching from side to side
___Timing uneven in when using both
   hands or feet

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

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