Adult Preference Sensory-Motor Checklist

(Adapted from “How Does Your Engine Run?) by Therapy Works, Inc.

Directions: This checklist was developed to help adults recognize what strategies their own systems employ to attain an appropriate state of alertness. Mark the items below that you use to increase (> ) or to decrease (< ) your state of alertness. You might mark both (> < ) on some items. Other you might not use at all.

SOMETHING IN YOUR MOUTH (ORAL MOTOR INPUT):

\_\_drink a milkshake

\_\_suck on hard candy

\_\_crunch or suck on ice pieces

\_\_tongue in cheek movements

\_\_”chew” on pencil/pen

\_\_chew on coffee swizzle sticks

\_\_Take slow deep breaths

\_\_Drink carbonated drink

\_\_Eat a cold popsicle

\_\_Eat a pickle

\_\_chew gum, eat popcorn

\_\_crunch on nuts, pretzels or chips

\_\_eat cut up vegetables

\_\_smoke cigarettes

\_\_eat chips and a spicy dip

\_\_bite on nails or cuticles

\_\_chew on buttons or collars

\_\_chew on sweatshirt strings

\_\_whistle while you work

\_\_Other:

\_\_Suck, lick, bite on your lips or the inside of your cheeks

\_\_Drink coffee, caffeinated tea, hot cocoa or warm milk

MOVE (VESTIBULAR INPUT):

\_\_Doodle while listening

\_\_rock in a rocking chair

\_\_shift or “squirm” in a chair

\_\_Push chair back on 2 legs

\_\_Aerobic exercise

\_\_Isometrics, lift weights

\_\_Rock own body slightly

\_\_Scrub kitchen floor

\_\_Roll neck and head slowly

\_\_Sit with crossed legs and bounce one slightly

\_\_Extreme exercise (run, bike, etc)

\_\_Ride Bike

\_\_Toe tap, heel or foot

\_\_Dance

\_\_Tap pencil or pen

\_\_Yard work

\_\_Stretch

\_\_Shake body parts

\_\_Other

TOUCH (TACTILE INPUT):

\_\_Twist own hair Fidget with the following

\_\_Move keys or coins in pocket with your hand

\_\_Cool shower

\_\_Warm bath

\_\_Receive a massage

\_\_Pet a dog or cat

\_\_Drum fingers or pencil on table

\_\_Rub gently on skin or clothes

\_\_a straw

\_\_paper clips

\_\_cuticle or nails

\_\_pencil or pen

\_\_earring or necklace

\_\_keys while talking

\_\_put fingers near mouth, eye, nose

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LOOK (VISUAL INPUT): How do you react to:

\_\_Open window

\_\_Watch a fire in fireplace

\_\_Watch a fish tank

\_\_Watch a sunset or sunrise

\_\_a rose colored room

\_\_dim lighting

\_\_fluorescent lighting

\_\_sunlight through bedroom window

\_\_Watch “oil and water” toys when sleeping

\_\_ a cluttered desk or room when Needing to concentrate

LISTEN (AUDITORY INPUT): How do you react to:

\_\_Listen to classical music

\_\_Listen to Hard Rock

\_\_Listen to others “hum”

\_\_work in “quiet room”

\_\_work in “noisy room”

\_\_sing or talk to self

\_\_scratch on a chalkboard

\_\_”squeak” of a mechanical pencil

\_\_fire siren

\_\_waking to an unusual noise

\_\_trying to sleep with noise outside

\_\_dog barking (almost constantly)

**QUESTIONS TO PONDER**

1. Review this Sensory-Motor Preference Checklist. Think about what you do in a small subtle manner to maintain an appropriate alert level that a child with a less mature nervous system may need to do in a larger more intense way.
2. Notice which types of sensory input are comforting to your nervous system and which types of sensory input bother your nervous system. Are your items clustered in a certain category of sensory input?
3. Consider how often (frequency), how long (duration) how much (intensity) and with what rhythm (fast, slow, uneven, even) you use these inputs to change your state of alertness.
4. When you are needing to concentrate at your work space, what sensory input do you prefer to work most efficiently?
	1. What do you put in or around your mouth? (food, gum, etc)
	2. What do you prefer to touch (clothing, fidget items, etc.)
	3. What types of movement do you use (rock in chair, tap fingers, move foot, stretch breaks, etc)
	4. What are your visual preferences? (natural lighting, visual distractions, clutter, etc)
	5. What auditory input do you use? (music, people talking, TV in background, etc.)