
Child's name

Name of person(s) filling out form

Date

BALZER-MARTIN PRESCHOOL SCREENING

SENSORIMOTOR HISTORY QUESTIONNAIRE FOR PARENTS OF PRESCHOOL CHILDREN

Your responses will probably be most accurate if you first read all the statements below the question, checking off those that describe your child. Then, circle "YES" if you have checked one or more statements; circle "NO" if none applies. Please include additional or different descriptions under "OTHER."

1. Is your child particularly sensitive to touch? YES NO

- Did not always find touch to be calming or pleasurable as an infant.
- Is more annoyed than other children the same age by a shampoo or face wash.
- Reacts negatively to a haircut or having nails cut.
- Is very picky about textures of clothing.
- Is very fussy about clothing, e.g., dislikes collars or turtlenecks; is very annoyed by labels; often complains about socks, coats, or hats; prefers only loose clothing.
- Is uncomfortable in long sleeves or pants; prefers as little clothing as possible.
- Prefers long sleeves and pants, even in warm weather.
- Avoids messy activities such as playdough, clay, mudpies, fingerpaints and cooking.
- Overreacts to physically painful experiences.
- Underreacts to physically painful experiences.
- Tends to withdraw from a group, or to bump or push others in a group; is irritable in close quarters.

OTHER:

2. Does your child particularly enjoy fast-moving or spinning activities at the playground or at home, perhaps with little or no dizziness? YES NO

- Likes to swing very high and/or for long periods of time.
- Frequently rides the playground merry-go-round where others run around to help keep the platform turning.
- Especially likes movement experiences at home such as bouncing on furniture, using a rocking chair, or being turned in a swivel chair.
- Enjoys getting into an upside-down position (feet up, head down).
- Likes to initiate games where vision is occluded, such as putting a bandana over eyes, a bag over head, or just keeping eyes closed for fun.
- Enjoys most the fast and spinning kiddie rides when at an amusement park.

OTHER:

3. Does your child show particular caution in approaching activities involving fast movement or movement of the body through space?

YES NO

Tends to avoid swings or slides or uses them with hesitation.
Does not like riding a see-saw or going up and down an escalator.
Is cautious about heights and climbing.
Enjoys movement which s/he initiates but does not like to be moved by others, particularly if the movement is unexpected.
Dislikes trying new movement activities or has difficulty learning them.
Has difficulty climbing or descending stairs or hills.
Tends to get motion sick in a car, airplane or elevator.

OTHER:

4. Does your child have unusual sensitivities to smell?

YES NO

Has difficulty identifying things by their smell.
Tends to complain that fairly normal odors are unpleasant.
Tends to ignore unpleasant odors when they are present.

OTHER:

5. Is your child particularly sensitive to noise, e.g., putting hands over ears when others are not bothered by sounds?

YES NO

COMMENTS:

6. Have you ever had concerns regarding your child's hearing?

YES NO

COMMENTS:

7. Have you ever had concerns regarding your child's speech and/or language skills?

YES NO

COMMENTS:

8. Have you ever had concerns regarding your child's eyesight or visual functioning?

YES NO

COMMENTS:

9. Does your child have a more "loose" or "floppy" body build than others? YES NO

Tends to slump in chair or sprawl over chair and table.
Does not feel very "firm" when you lift child up or move child's limbs to dress.
Has difficulty turning knobs or handles which require some pressure.
Fatigues easily during family outings or during physical activities.
Has a loose grasp on objects such as a pencil, spoon or something s/he carries.
Has a tight, tense grasp on objects (to compensate for underlying looseness).

OTHER:

10. Can your child easily orient his/her body effectively for dressing activities, such as putting arms in sleeves, putting fingers in mittens or putting toes in socks? YES NO

COMMENTS:

11. Do you feel that your child has already established a definite hand preference when using a crayon, marker, pencil, etc.? YES NO
- Prefers the left hand. Prefers the right hand.

COMMENTS:

12. Does your child spontaneously engage in active physical games involving running, jumping and use of large play equipment? YES NO

COMMENTS:

13. Does your child spontaneously seek out activities requiring manipulation of small objects? YES NO

Enjoys Duplo, Legos.
Enjoys building with blocks.
Enjoys arts and crafts projects using small objects, such as beads, straws, buttons, felt, cotton balls, etc.

OTHER:

14. Does your child spontaneously choose to do activities involving the use of "tools" such as crayons, pencils, markers, scissors, etc.? YES NO

COMMENTS:

15. Do you feel that your child has an adequate attention span for things that s/he enjoys? YES NO

COMMENTS:

16. Do you feel that your child tends to be restless or "fidgety" during times when quiet concentration is required? YES NO

COMMENTS:

17. Has your child had difficulty regulating sleep patterns? YES NO
Took longer than other infants to sleep through the night.
Had colic as a baby.
Never took naps, or gave up naps sooner than most children.
Now has difficulty falling asleep.
Still does not consistently sleep through the night.

OTHER:

18. Has your child had any of the following? YES NO
Frequent ear infections, sinus infections, strep?
Allergies
Serious illness or surgery

** If YES, please explain:

19. Please share any other characteristics of your child which you think it would be appropriate for us to know. Thank you.

Please give a brief summary of your child's diet. Does s/he eat many or any of the following:

Meat

Fruits

Poultry

Vegetables

Fish

Grains

Eggs

Cheese

Yogurt

What does s/he drink?

Does your child crave sweets?