



ADOLESCENT/ADULT SENSORY PROFILE™

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Self Questionnaire

Name: _____ Age: _____ Date: _____

Birthdate: _____ Gender: Male Female

Are there aspects of daily life that are not satisfying to you? If yes, please explain. _____

INSTRUCTIONS

Please check the box that **best** describes the frequency with which you perform the following behaviors. If you are unable to comment because you have not experienced a particular situation, please draw an X through that item's number. Write any comments at the end of each section.

Please answer all of the statements. Use the following key to mark your responses:

ALMOST NEVER

When presented with the opportunity, you **almost never** respond in this manner (about 5% or less of the time).

SELDOM

When presented with the opportunity, you **seldom** respond in this manner (about 25% of the time).

OCCASIONALLY

When presented with the opportunity, you **occasionally** respond in this manner (about 50% of the time).

FREQUENTLY

When presented with the opportunity, you **frequently** respond in this manner (about 75% of the time).

ALMOST ALWAYS

When presented with the opportunity, you **almost always** respond in this manner (about 95% or more of the time).

Item		A. Taste/Smell Processing	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS
—	1	I leave or move to another section when I smell a strong odor in a store (for example, bath products, candles, perfumes).					
~	2	I add spice to my food.					
—	3	I don't smell things that other people say they smell.					
~	4	I enjoy being close to people who wear perfume or cologne.					
—	5	I only eat familiar foods.					
—	6	Many foods taste bland to me (in other words, food tastes plain or does not have a lot of flavor).					
⊙	7	I don't like strong tasting mints or candies (for example, hot/cinnamon or sour candy).					
~	8	I go over to smell fresh flowers when I see them.					

Comments

Item		B. Movement Processing	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS
⊙	9	I'm afraid of heights.					
~	10	I enjoy how it feels to move about (for example, dancing, running).					
—	11	I avoid elevators and/or escalators because I dislike the movement.					
—	12	I trip or bump into things.					
⊙	13	I dislike the movement of riding in a car.					
~	14	I choose to engage in physical activities.					
—	15	I am unsure of footing when walking on stairs (for example, I trip, lose balance, and/or need to hold the rail).					
⊙	16	I become dizzy easily (for example, after bending over, getting up too fast).					

Comments

Item		C. Visual Processing	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS
~	17	I like to go to places that have bright lights and that are colorful.					
	18	I keep the shades down during the day when I am at home.					
~	19	I like to wear colorful clothing.					
⊗	20	I become frustrated when trying to find something in a crowded drawer or messy room.					
—	21	I miss the street, building, or room signs when trying to go somewhere new.					
⊗	22	I am bothered by unsteady or fast moving visual images in movies or TV.					
—	23	I don't notice when people come into the room.					
	24	I choose to shop in smaller stores because I'm overwhelmed in large stores.					
⊗	25	I become bothered when I see lots of movement around me (for example, at a busy mall, parade, carnival).					
	26	I limit distractions when I am working (for example, I close the door, or turn off the TV).					

Comments

Item		D. Touch Processing	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS
⊗	27	I dislike having my back rubbed.					
~	28	I like how it feels to get my hair cut.					
	29	I avoid or wear gloves during activities that will make my hands messy.					
~	30	I touch others when I'm talking (for example, I put my hand on their shoulder or shake their hands).					
⊗	31	I am bothered by the feeling in my mouth when I wake up in the morning.					
~	32	I like to go barefoot.					
⊗	33	I'm uncomfortable wearing certain fabrics (for example, wool, silk, corduroy, tags in clothing).					
⊗	34	I don't like particular food textures (for example, peaches with skin, applesauce, cottage cheese, chunky peanut butter).					
	35	I move away when others get too close to me.					
—	36	I don't seem to notice when my face or hands are dirty.					
—	37	I get scrapes or bruises but don't remember how I got them.					
	38	I avoid standing in lines or standing close to other people because I don't like to get too close to others.					
—	39	I don't seem to notice when someone touches my arm or back.					

Comments

Item	E. Activity Level	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	
⤿	40	I work on two or more tasks at the same time.					
—	41	It takes me more time than other people to wake up in the morning.					
⤿	42	I do things on the spur of the moment (in other words, I do things without making a plan ahead of time).					
	43	I find time to get away from my busy life and spend time by myself.					
—	44	I seem slower than others when trying to follow an activity or task.					
—	45	I don't get jokes as quickly as others.					
	46	I stay away from crowds.					
⤿	47	I find activities to perform in front of others (for example, music, sports, acting, public speaking, and answering questions in class).					
⊙	48	I find it hard to concentrate for the whole time when sitting in a long class or a meeting.					
	49	I avoid situations where unexpected things might happen (for example, going to unfamiliar places or being around people I don't know).					

Comments

Item	F. Auditory Processing	ALMOST NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALMOST ALWAYS	
⤿	50	I hum, whistle, sing, or make other noises.					
⊙	51	I startle easily at unexpected or loud noises (for example, vacuum cleaner, dog barking, telephone ringing).					
—	52	I have trouble following what people are saying when they talk fast or about unfamiliar topics.					
	53	I leave the room when others are watching TV, or I ask them to turn it down.					
⊙	54	I am distracted if there is a lot of noise around.					
—	55	I don't notice when my name is called.					
	56	I use strategies to drown out sound (for example, close the door, cover my ears, wear ear plugs).					
	57	I stay away from noisy settings.					
⤿	58	I like to attend events with a lot of music.					
—	59	I have to ask people to repeat things.					
⊙	60	I find it difficult to work with background noise (for example, fan, radio).					

Comments