

OT QUESTIONNAIRE

Please, indicate the areas of concern that you are seeking support.

Please mark if area of concern	Body, Movement, and Motor Planning:	Additional comments
	Balance (i.e. frequently falls or trips)	
	Motor coordination (i.e. difficulty with climbing, throwing/catching balls, jumping jacks)	
	Poor body awareness (i.e. difficulty maneuvering around furniture/people/objects without bumping into them, seems accident prone)	
	Poor postural/core strength	
	Poor body strength	
	Seems to exert too much pressure for the task (slamming doors, pressing too hard when using pencils or crayons)	
	Grasps objects (such as spoon or pencil) loosely	
	Difficulty with imitating body movements (songs with motion 'itsy-bitsy spider', Simon says)	
	Avoids movement activities or using playground equipment	
	Dislikes when head is tilted upside down	
	Poor endurance/tires easily (especially when standing or holding particular body position)	
	Gets hurt often during play / poor safety awareness	
	Seeks out movement that is unsafe and/or interferes with daily routine	
	Fine Motor/Visual Motor:	
	Still switches hands – no hand preference/dominance	
	Awkward/immature grasp on marker/pencil	

	Avoids drawing, art, or writing activities	
	Poor handwriting (i.e. legibility, letter formation)	
	Difficulty with spacing and staying on lines when writing	
	Tires easily with writing activities or requires increased time to complete writing tasks	
	Difficulty with cutting with scissors	
	Difficulty with manipulating small items (i.e. blocks, Legos, constructions projects)	
	Difficulty with opening containers (play dough, snacks in bags etc.)	
	Feeding/Eating:	
	Likes to chew on nonfood items (examples: toys, shirt)	
	Has difficulty manipulating food in mouth (examples: chewing, closing lips fully, excessive drooling, gagging, choking)	
	Avoids eating new foods	
	Needs foods cooked/prepared certain way, or only likes a particular brand	
	Has a limited diet	
	Bothered by certain smells	
	Personal/Social: Behavior and Emotions:	
	Sharing and cooperation with friends (i.e. difficulty taking turns)	
	Participating appropriately in outings (i.e. difficulty in going to grocery store, birthday parties, parks)	
	Difficulty following directions	
	Difficulty with handling unexpected changes or changes in routine	
	Limited variety of play interests and imagination	

	Limited attention when participating in a task	
	Engages in repetitive or self-injurious behaviors that impede on functional performance	
	Self Care:	
	Utensils use (i.e. forks, spoons, drinks from a cup, cuts with knife)	
	Removing clothing/shoes	
	Putting clothing/shoes on	
	Tying shoes	
	Managing zippers, buttons, fasteners	
	Brushing hair & teeth, washes face & body	
	Following a 3-4 step routine/task	
	Organizing his/her own things, cleaning up room	
	Visual Processing:	
	Easily distracted looking at things in the room when completing a task	
	Sensitive to light (prefers to be in the dark)	
	Difficulty finding things in a cluttered space	
	Tends to draw or write with reversals	
	Has difficulty functioning/completing a task if there is a lot of noise in the room (people talking, TV or music on)	
	Auditory processing	
	Has speech or articulation difficulties	
	Seems bothered by ordinary household sounds (toilet flushing, hair dryer, vacuum)	
	Shows significant distress with unexpected sounds or loud noises (runs away, cries)	
	Appears to not hear what you say or hear name being called	

	Enjoys making unnecessary sounds (causing certain sounds to happen over and over again: excessively banging toys, yelling etc.)	
	Has difficulty remembering directions	
	Touch processing	
	Excessively seeks touching people and objects	
	Has a high pain tolerance/decreased awareness of pain and temperature	
	Avoids messy textures when playing (paint, glue, sand, etc.)	
	Shows distress to being touched	
	Shows distress with certain fabrics, clothing, shoes, or bed sheets	
	Shows distress with brushing hair, brushing teeth, bathing, nail clipping, hair cuts	

Additional comments:
