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
__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

TOUCH (TACTILE INPUT):
__Twist own hair
__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
__Fidget with the following: 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):
___ Open window
___ Watch a fire in fireplace
___ Watch a fish tank
___ Watch a sunset or sunrise
___ Watch “oil and water” toys

LISTEN (AUDITORY INPUT):
___ 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

How do you react to:
___ A rose colored room
___ Dim lighting
___ Fluorescent lighting
___ Sunlight through bedroom window when sleeping
___ A cluttered desk or room when Needing to concentrate

___ 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?
   a. What do you put in or around your mouth? (food, gum, etc)
   b. What do you prefer to touch (clothing, fidget items, etc.)
   c. What types of movement do you use (rock in chair, tap fingers, move foot, stretch breaks, etc)
   d. What are your visual preferences? (natural lighting, visual distractions, clutter, etc)
   e. What auditory input do you use? (music, people talking, TV in background, etc)