

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):

- | | |
|---|--|
| <input type="checkbox"/> drink a milkshake | <input type="checkbox"/> chew gum, eat popcorn |
| <input type="checkbox"/> suck on hard candy | <input type="checkbox"/> crunch on nuts, pretzels or chips |
| <input type="checkbox"/> crunch or suck on ice pieces | <input type="checkbox"/> eat cut up vegetables |
| <input type="checkbox"/> tongue in cheek movements | <input type="checkbox"/> smoke cigarettes |
| <input type="checkbox"/> "chew" on pencil/pen | <input type="checkbox"/> eat chips and a spicy dip |
| <input type="checkbox"/> chew on coffee swizzle sticks | <input type="checkbox"/> bite on nails or cuticles |
| <input type="checkbox"/> Take slow deep breaths | <input type="checkbox"/> chew on buttons or collars |
| <input type="checkbox"/> Drink carbonated drink | <input type="checkbox"/> chew on sweatshirt strings |
| <input type="checkbox"/> Eat a cold popsicle | <input type="checkbox"/> whistle while you work |
| <input type="checkbox"/> Eat a pickle | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Suck, lick, bite on your lips or the inside of your cheeks | |
| <input type="checkbox"/> Drink coffee, caffeinated tea, hot cocoa or warm milk | |

MOVE (VESTIBULAR INPUT):

- | | |
|--|--|
| <input type="checkbox"/> Doodle while listening | <input type="checkbox"/> Extreme exercise (run, bike, etc) |
| <input type="checkbox"/> rock in a rocking chair | <input type="checkbox"/> Ride Bike |
| <input type="checkbox"/> shift or "squirm" in a chair | <input type="checkbox"/> Toe tap, heel or foot |
| <input type="checkbox"/> Push chair back on 2 legs | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Aerobic exercise | <input type="checkbox"/> Tap pencil or pen |
| <input type="checkbox"/> Isometrics, lift weights | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Rock own body slightly | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Scrub kitchen floor | <input type="checkbox"/> Shake body parts |
| <input type="checkbox"/> Roll neck and head slowly | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sit with crossed legs and bounce one slightly | |

TOUCH (TACTILE INPUT):

- | | |
|--|--|
| <input type="checkbox"/> Twist own hair | <input type="checkbox"/> Fidget with the following |
| <input type="checkbox"/> Move keys or coins in pocket with your hand | <input type="checkbox"/> a straw |
| <input type="checkbox"/> Cool shower | <input type="checkbox"/> paper clips |
| <input type="checkbox"/> Warm bath | <input type="checkbox"/> cuticle or nails |
| <input type="checkbox"/> Receive a massage | <input type="checkbox"/> pencil or pen |
| <input type="checkbox"/> Pet a dog or cat | <input type="checkbox"/> earring or necklace |
| <input type="checkbox"/> Drum fingers or pencil on table | <input type="checkbox"/> keys while talking |
| <input type="checkbox"/> Rub gently on skin or clothes | <input type="checkbox"/> put fingers near mouth, eye, nose |

LOOK (VISUAL INPUT):

- Open window
- Watch a fire in fireplace
- Watch a fish tank
- Watch a sunset or sunrise
- Watch "oil and water" toys

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

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:

- 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.)