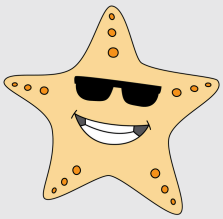
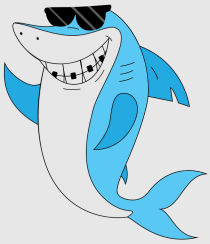


the FUN kid's dentist

Sensory Processing QUESTIONNAIRE



NAME: _____

TASTE

Please list any food sensitivities or aversions your child has:

_____

_____

_____

_____

PREFERENCES-FLAVORS

	Y	N
Spicy	☐	☐
Sweet	☐	☐
Salty	☐	☐
Strong Flavors	☐	☐
Mild Flavors	☐	☐
Other (Please Explain)	☐	☐

_____

_____

PREFERENCES-TEXTURES

	Y	N
Smooth	☐	☐
Sticky	☐	☐
Gritty	☐	☐
Other (Please explain)	☐	☐

_____

_____

PREFERENCES-TEMPERATURE

	Y	N
Hot	☐	☐
Cold	☐	☐
Other (Please explain)	☐	☐

_____

_____

NOISE

CHECK ALL THAT APPLY

- Quiet/being in private room ☐
- Enjoys seeing other kids & associated noises ☐
- Startles easily with loud noise ☐
- Tolerates/enjoys headphones ☐
- Responds to calming music (will bring favorite) ☐

PREFERENCES-SOUNDS

	Y	N
Silent	☐	☐
Quiet/soft	☐	☐
Loud	☐	☐
Other (Please explain)	☐	☐

_____

_____

VISUAL

CHECK ALL THAT APPLY

- My child wears glasses/contacts ☐
- My child has perceptual difficulties ☐
- My child prefers to watch a tablet (will bring) ☐
- Prefers TV to be off in exam room ☐
- My child has no visual preferences ☐

PREFERENCES-LIGHT

	Y	N
Bright	☐	☐
Dark	☐	☐
Dim	☐	☐
Other (Please explain)	☐	☐

_____

_____

TOUCH/POSITIONING

CHECK ALL THAT APPLY

- My child would prefer deep pressure and would benefit by using a weighted blanket ☐
- My child has unusual/unpredictable body movements ☐
- My child enjoys to hold soft items such as stuffed animals ☐

PREFERENCES-PRESSURE/TOUCH

	Y	N
Light Touch	☐	☐
Firm Pressure	☐	☐
Other (Please explain)	☐	☐

_____

_____

PREFERENCES- POSITIONING

	Y	N
Reclined in Chair	☐	☐
In parent's lap (young child)	☐	☐
Sitting Upright	☐	☐
Wrapped tightly (such as blanket or papoose)	☐	☐
Other (Please explain)	☐	☐

_____

_____

ORAL HABITS

CHECK ALL THAT APPLY

- Food is used as a reward ☐
- My child uses a mouthguard ☐
- My child has a dry mouth ☐
- My child has an oral fixation ☐
- My child has an oral aversion ☐

ORAL HABITS

	Y	N
Chews on objects for stimulation	☐	☐
Grinds/clenches teeth	☐	☐
Bites lips or cheeks	☐	☐
Eats objects other than food	☐	☐
Other (Please explain)	☐	☐

_____

_____

BEHAVIOR

CHECK ALL THAT APPLY

- My child becomes frustrated easily ☐
- My child becomes angry easily ☐
- My child benefits from distractions (TV, music) ☐
- My child needs limited distractions ☐
- My child has impulsive behaviors ☐
- My child has been known to have seizures ☐

COMMUNICATION

CIRCLE THE ACCURATE DESCRIPTION

	Low	Medium	High
My child is able to follow directions	☐	☐	☐
My child expresses desires	☐	☐	☐
My child can express their needs	☐	☐	☐

PREFERENCES- DIRECTIONS

	Y	N
Verbal	☐	☐
Written	☐	☐
Visual (pictures)	☐	☐
Other (Please explain)	☐	☐

_____

_____

Please list any specific words or phrases your child is most likely to respond best to:

_____

_____

_____

_____

_____

_____

REWARDS

OUR PRIZE BOX CONTAINS BALLS, STICKERS, SMALL FIGURES/ANIMALS, RINGS, ETC. DOES YOUR CHILD CONSIDER THESE AS REWARDS?

- Yes, please let my child choose a prize ☐
- No, rewards do not matter to my child ☐
- I will handle the reward ☐

ADDITIONAL INFORMATION

PLEASE TELL US ANY OTHER INFORMATION THAT YOU BELIEVE WILL HELP FACILITATE A SUCCESSFUL DENTAL EXPERIENCE FOR YOUR CHILD:

THANK YOU FOR YOUR CONFIDENCE IN OUR CARE.
WE CAN'T WAIT TO MEET YOUR CHILD!
~THE TFKD TEAM~