

Sensory-Motor Preference Checklist (For Adults)

Directions: This checklist can help adults recognize in what ways we rev up or settle ourselves, our bodies and alertness. Mark the items that you use to increase (↑) or to decrease (↓) your alertness. You might mark both (↑↓) on some items. Others you might not use at all.

Put Something In Your Mouth (Oral Motor Input):

Drink a milkshake		Chew gum	
Suck on hard candy		Crunch on nuts/pretzels/chips	
Crunch or suck on ice pieces		Bite on nails/cuticle	
Tongue in cheek movements		Eat popcorn/Cut up vegetable	
Chew on pencil/pen		Eat chips and a spicy dip	
Chew on coffee swizzle sticks		Smoke cigarettes	
Take slow deep breaths		Chew on buttons/sweatshirt strings	
Drink a carbonated drink		Whistle while you work	
Eat a cold popsicle		Drink coffee/tea (caffeinated)	
Eat a pickle		Drink hot cocoa or warm milk	
Suck, lick, bite on your lips or the inside of your cheeks		Other:	

Move (Vestibular & Proprioceptive Input):

Rock in a rocking chair		Stretch/shake body parts	
Shift or "squirm" in a chair		Run/jog	
Push chair back on 2 legs		Ride bike	
Aerobic exercise		Tap toe, heel or foot	
Isometrics/lift weights		Dance	
Rock own body slightly		Tap pencil/pen	
Scrub kitchen floor		Yard work	
Roll neck and head slowly			
Sit with crossed legs and bounce one slightly		Other:	

Touch (Tactile Input):

Twist own hair		Fidget with the following:	
Cool shower		A straw	
Warm bath		Paperclips	
Receive a massage		Cuticle/nails	
Pet a dog or cat		Pencil/Pen	
Drum fingers or pencil on a table		Earring or necklace	
Rub gently on skin or clothes		Phone cord while talking	
Put fingers near mouth, eye or nose			
Move keys or coins in pocket with your hand			

Adapted from: Take Five: Staying Alert at Home and School, Therapy Works, Inc., www.alertprogram.com, 2001.

http://www.uwgb.edu/outreach/socialwork/assets/pdf/rauma2015/8_AdultPreferenceSensoryMotorChecklist.pdf

Look (Visual Input):**How do you react to:**

Open window		A rose colored room	
Watch a fire in a fireplace		Dim lighting	
Watch a fish tank		Fluorescent lighting	
Watch sunset/sunrise		Sunlight through bedroom window while sleeping	
Watch "oil and Water" toys		A cluttered desk or rom when needing to concentrate	

Listen: (Auditory Input):**How do you react to:**

Listen to classical music		Scratch on a chalkboard	
Listen to Hard Rock		Squeak of a mechanical pencil	
Listen to other "hum"		Fire siren	
Work in "quiet room"		Waking to an unusual noise	
Work in "noisy room"		Trying to sleep with noise outside	
Sing or talk to self		Dog barking (almost constantly)	

QUESTIONS TO PONDER

1. Review this Sensory-Motor Preference Checklist. Think about what you do in small subtle ways to maintain an appropriate alert level (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 settling or comforting to your nervous system and which types of sensory input are unsettling or uncomfortable to 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 need to concentrate at your work, what sensory input do you prefer?
 - 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.)