

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.

MSOT # 3

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/trauma2015/8_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 room 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.)