SENSORY-MOTOR PREFERENCE CHECKLIST (FOR ADULTS)

DIRECTIONS: This checklist was developed to help adults recognize what strategies their own nervous systems employ to attain an appropriate state of alertness. Mark the items below that you use to increase (i) or to decrease (!) your state of alertness. You might mark both (i) on some items. Others 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
_ suck, lick, bite on your lips or the inside of your cheeks
_ drink carbonated drink
_ eat a cold popsicle
_ eat a pickle
_ chew gum
_ crunch on nuts / pretzels / chips
_ bite on nails / cuticle
_ eat popcorn / cut-up vegetables
_ eat chips and a spicy dip
_ smoke cigarettes
_ chew on buttons, sweatshirt strings or collars
_ whistle while you work
_ drink coffee / tea (caffeinated)
_ drink hot cocoa or warm milk
other:

MOVE (VESTIBULAR/PROPRIOCEPTIVE INPUT):

_ "doodle" a 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
_ run / jog
_ ride bike
_ tap toe, heel or foot
_ dance
_ tap pencil / pen
_ yard work
_ stretch / shake body parts
other:

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 / clothes
_ Fidget with the following
_ straw
_ paper clips
_ cuticle / nails
_ pencil / pen
_ earring or necklace
_ phone cord while talking
_ put fingers near mouth, eye, or nose
other:

LOOK (VISUAL INPUT):

_ open window shades after a boring movie in a classroom
_ watch a fireplace
_ watch fish tank
_ watch sunset / sunrise
_ watch "oil and water" toys
_ dim lighting
_ fluorescent lighting
_ sunlight through bedroom window when sleeping
_ rose colored room
_ a "cluttered desk" 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
  - 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 or 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? (Example: food, drink, gum, etc.)
   b) What do you prefer to touch? (Example: clothing, texture of chair, fidgeting with objects, etc.)
   c) What types of movement do you use? (Example: rock in chair or movement breaks to stretch or walk, etc.)
   d) What are your visual preferences? (Example: natural lighting from window, use of a lap, brightly colored walls. Are you an "in" person working best with your desk cleared off or an "out" person whose desk is piled high with papers, etc.)
   e) What auditory input do you use? (Example: do you listen to music while you work? If so, what type of beat? Do you like to talk to yourself or others and work at the same time? Do you prefer a quiet environment?, etc.)