



MELILLO ADULT SENSORY CHECKLIST

VESTIBULAR FUNCTION CHECKLIST

- *The vestibular system is all about balance and spatial awareness. These are signs of a problem in this area. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A **1** indicates “**doesn’t apply at all**” and a **10** is “**almost always**”. Add up the numbers and record the total. (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

1. Exhibits poor balance
2. Had delayed crawling, standing &/or walking
3. Poor muscle tone (extremely flexible)
4. Experiences motion sickness
5. Dislike of heights, swings, carousels, escalators,
elevators
6. Easily disoriented &/or poor sense of direction
7. Clumsy
8. Difficulty remaining still; may actively
seek movement such as spinning &/or rocking
9. Difficulties with space perception
10. Walks or walked on toes

Total _____

AUDITORY FUNCTION CHECKLIST

- *These are the symptom of a problem with the auditory sensory system. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A **1** indicates “**doesn’t apply at all**” and a **10** is “**almost always**”. Add up the numbers and record the total . (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

1. Concerned about hearing as an infant
2. Inability to sing in tune

1 2 3 4 5 6 7 8 9 10

- 3. Hypersensitive to sounds
- 4. Misinterprets questions
- 5. Confuses similar sounding words; frequently
need to have words repeated
- 6. Inability to follow sequential instructions
- 7. Flat and monotonous voice
- 8. Hesitant speech
- 9. Small vocabulary
- 10. Confusion or reversal of letters

Total _____

VISUAL DYSFUNCTION CHECKLIST

- *This checklist focuses on symptoms that make reading difficult. Read each of the following symptoms and place a check in the box that most closely fines how it describes yourself now or as a child. A 1 indicates “**doesn’t apply at all**” and a 10 is “**almost always**”. Add up the numbers and record the total. (The lowest possible score is a 10 and the highest is 100).*

1 2 3 4 5 6 7 8 9 10

- 1. Misreads words
- 2. Misses or repeats words or lines
- 3. Reads slowly
- 4. Needs to use finger or marker as a pointer
- 5. Inability to remember what was read
- 6. Poor concentration
- 7. Poor focus while reading I.E. Letters move or jump
around on the page
- 8. Crooked or sloped handwriting
- 9. Letters poorly balance with one eye covered or
while trying to read sideways
- 10. Sensitivity to light

Total _____

1 2 3 4 5 6 7 8 9 10

- 4. Likes bland foods
- 5. Avoids children with dirty or smelly clothes
- 6. Complains about other's bad breath
- 7. Misbehaves after house is cleaned with solvents
- 8. Sensitive to smoke
- 9. Avoids foods and places with strong cooking smells
- 10. Sniffs everything

TOTAL _____

HYPOSENITIVE SMELL CHECKLIST

1 2 3 4 5 6 7 8 9 10

- 1. Never comments on strong smells
- 2. Never notices baking smells, such as cookies
- 3. Overfills mouth
- 4. Avoids foods because of the way it looks
- 5. Never sniffs
- 6. Hates to eat, even sweets
- 7. Chews on things like pens
- 8. Does not notice strong smells like something burning
- 9. Eats indiscriminately; will reach for anything, even some at risk, like poison
- 10. Extremely picky eater

TOTAL _____