

Sensory-Motor Preference Checklist (For Adults)

What does it take for you to be alert, energized, productive, and balanced? What do you do to calm or alert yourself throughout your day? For most of us, we don't give our daily routines a second thought, yet, we all do things to self-regulate (change how alert we feel). Do you wake up raring to go as soon as the sun comes streaming through your bedroom window? Or, are you slow to awaken and need a cup of coffee first thing to start your day? When you feel your energy dip in your day, do you take a stretch break? As you get ready for bed, do you prefer a cup of tea while you read a book?

By filling out the checklist below, you'll discover more about what you currently are doing to self-regulate. The better you observe your self-regulation, the better you can observe others' self-regulation, and the easier it is to cooperate and work/live together. We encourage you to learn more about how to expand your own self-regulation strategies through the Alert Program[®].

Directions: Make a checkmark next to the strategies you use below.

PUT SOMETHING IN YOUR MOUTH (ORAL MOTOR INPUT):

- chew gum (pop, snap, or blow bubbles)
- crunch on nuts / pretzels / chips
- eat popcorn / cut-up vegetables
- eat chips with a spicy dip
- "chew" on pencil / pen / toothpick / straw
- bite on nails / cuticle
- chew on sweatshirt strings or collars
- move tongue against teeth or cheek
- smoke cigarettes (obviously, not recommended)
- take slow deep breaths
- whistle while you work (or hum)
- eat a cold popsicle or ice cream
- eat a pickle
- suck on hard candy or a lozenge
- suck, lick, bite on your lips or inside of cheeks
- sip on hot cocoa / warm milk or tea
- drink carbonated drink
- crunch or suck on ice pieces
- chew on beef jerky / raisins / bagels
- drink coffee / tea
- drink a cold milkshake or smoothie
- other:

MOVE (VESTIBULAR / PROPRIOCEPTIVE INPUT):

- rock in a rocking chair or glider
- shift or "squirm" in a chair
- push chair back on two legs
- do aerobic exercise
- do isometrics / lift weights
- rock own body slightly
- dig or plant in garden
- roll neck and head slowly
- run / jog / bike / swim
- cross one leg over the other and bounce it slightly
- tap toe, heel, or foot
- dance
- walk outside or up flight of stairs
- do yard work / rake / sweep
- stretch / yoga
- other:

TOUCH (TACTILE INPUT):

- touch, twist, or twirl own hair
- move keys or coins in pocket with your hand
- take a cool shower
- take a warm bath
- receive a massage
- pet a dog or cat
- drum fingers or tap pen on table
- rub gently on skin / clothes
- * Fidget with the following:
 - straw
 - paper clips
 - cuticle / nails
 - pencil / pen
 - earring or necklace
 - labels on a bottle (pick at or peel off)
 - put fingers near mouth, eye, or nose
 - other:

LOOK (VISUAL INPUT):

- open window shades
- close window shades
- watch a fireplace
- watch sunset / sunrise
- play video game
- sit and watch ocean waves
- "doodle" while listening
- * How do you react to:
 - dim lighting
 - fluorescent lighting
 - early AM sunlight through bedroom window
 - a room with blackout curtains
 - a smart phone lighting up with a notification
 - TV on with volume turned down (in background)
 - other:

LISTEN (AUDITORY INPUT):

- listen to Classical Music
- listen to "pump you up" music
- listen to others "hum"
- listen to nature sounds
- work in "quiet" room
- work in "noisy" room
- sing or talk to self

* How do you react to:

- "squeak" of a dry erase marker on a whiteboard
- TV on (in background)
- fire siren
- sounds of power tools (leaf blower, drills, etc.)
- waking to an unusual noise
- dog barking (constantly)
- other:

QUESTIONS TO PONDER:

1. Look again at the checklist. And now mark the items that you use to increase (↑) or to decrease (↓) how alert you feel. You might mark both (↑↓) on some items. Others you might not use at all.
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? (For example, do you have more in the Touch or Move Category?)
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. As you review the checklist, think about what you do in a subtle manner to be alert that children, with less mature nervous systems, need to do in a larger more intense way (often labeled a problem).
5. When you need to concentrate, what sensory input do you prefer to work most efficiently?
 - a) What do you put in or around your mouth to calm or alert? (Do you eat crunchy food to alert, drink warm tea to calm, or chew gum when you need to alert or calm?)
 - b) What do you prefer to touch? Do you prefer to wear certain types or textures of clothing, to fidget with a stress ball or other objects to help you concentrate?
 - c) What types of movement do you use? Like to rock in a chair to calm or take a brisk walk to alert? Like to exercise before you start your day, at lunch, or after work?
 - d) What are your visual preferences? Prefer to work in a room with bright or dim lighting? Do you work best with a cleared off work space? Or are you OK with clutter in your work space?
 - e) What auditory input do you use? 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 like background noise (TV or white noise?) Or do you prefer a quiet environment?

NOTE:

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