| Name: | A: |
|-------|-------------|
| DOB | Treatments: |

Multisensory Inventory Assessment Checklist

| Designed by Celia Hinrichs, OD, FCOVD & Randy Schulman MS, OD | FCO\ | /D | | | |
|---|--------------|----|---|---|----------|
| PROPRIOCEPTIVE/KINESTHETIC | 0 | 1 | 2 | 3 | 4 |
| Responds differently to touch either very sensitive or needs deep | | | | | |
| pressure or touches everything | <u> </u> | | | | |
| Has difficulty maintaining posture, spreads legs/uses arms to | | | | | |
| support core or unusually still | | | | | |
| Has difficulty performing gross and fine motor tasks such as | | | | | |
| writing, ball catching, skipping | ╙ | | | | <u> </u> |
| Clumsy or awkward, Falls over and loses balance easily or uses | | | | | |
| momentum to maintain balance | ₩ | | | | |
| Total Proprioceptive/Kinesthetic | | | | | |
| VESTIBULAR | | | | | |
| Dizziness | | | | | |
| Disorientation, Feeling off-balance, as if floating or the world is | | | | | |
| spinning | | | | | |
| Nausea/Lightheadedness or feeling faint | | | | | |
| Resists moving | | | | | |
| Total Vestibular | | | | | |
| BALANCE | | 1 | 2 | 3 | 4 |
| Falling or stumbling | | | | | |
| Unstable gait, Unsteadiness or inconsistencies in balance | | | | | |
| Total Balance | | | | | |
| AUDITORY | 0 | 1 | 2 | 3 | 4 |
| Seems distracted/unable to sustain attention when receiving verbal | | | | | |
| messages, Needs to hear instructions/directions more than once | | | | | |
| Differently sensitive to sound, Appears overwhelmed with excess | | | | | |
| auditory activity or background sounds | $oxed{oxed}$ | | | | |
| Has problems with receptive and expressive language | | | | | |
| Total Auditory | | | | | |
| INTEROCEPTION | | 1 | 2 | 3 | 4 |
| Has palpable fears and anxiety, easily startled, particularly | | | | | |
| sensitive to or unaware of environment | | | | | |
| Has difficulty regulating emotions, Becomes frustrated, | | | | | |
| overwhelmed or irritated easily, Experiences socialization | | | | | |
| difficulties | | | | | |

| Has trouble falling or staying asleep or staying awake | | | | | |
|---|---|---|---|---|---|
| Has eating or bowel difficulties | | | | | |
| Total Interoception | | | | | |
| VISION | | 1 | 2 | 3 | 4 |
| Blurred or Double vision or eye turn, Squinting or closing an eye | | | | | |
| Light sensitivity, burning, tearing, watering eyes | | | | | |
| Headaches | | | | | |
| Moves head or uses a finger while reading, Loses place, misreads, reverses words or numbers or has poor reading comprehension | | | | | |
| Gets frustrated by or avoids near tasks | | | | | |
| Total Vision | | | | | |
| ATTENTION | | 1 | 2 | 3 | 4 |
| Loses train of thought, Extensive off task time, distracted easily | | | | | |
| Difficulty following directions | | | | | |
| Difficulty organizing tasks, Forgets to complete tasks | | | | | |
| Difficulty remembering steps in a multi-step process | | | | | |
| Total Attention | | | | | |
| AUTOMATICITY/COGNITIVE LOADING | 0 | 1 | 2 | 3 | 4 |
| Does the task, but requires full attention | | | | | |
| Cannot repeat the task, fatigues quickly | | | | | |
| Requires motor overflow, subvocalization to complete the task | | | | | |
| Reduced efficiency | | | | | |
| Total Automaticity | | | | | |