

# Sensory Modulation Brisbane

## RESPONSES TO SENSORY INPUT IN THE HOME

Sensory input may be a factor for responses such as emotions, discomfort or behavior. To identify possible factors, this form may need to be completed a few times to establish patterns. When the person is emotional, looks uncomfortable or has a behavioral response, document:

**Name:**

**Completed by:**

**Date:**

### TIME

What time of day is it?

Has this occurred at a similar time in the past?

### SENSORY FACTORS IN THE ENVIRONMENT

Where was the person eg kitchen, park etc

What smells are around?

What sounds can be heard?

Is there a lot of background noise?

Are there sounds that would usually distress someone? Eg sirens, dogs barking, machinery

Are there other people talking and laughing nearby eg Support workers?

Is there reverberation (echo sound)

Are there bright, flickering or flashing of lights or shadows?

Are there low levels of light and darkness?

Are lots of things moving past the person quickly? Are people bumping into them?

Anja Hoogendijk contributed to this document

**Book:**

Sensory Modulation Resource Manual:

Paperback: Book Depository

Ebook: Amazon

**Online Training:**

On Demand pre recorded videos and other training on: [sensory-modulation-Brisbane.com](http://sensory-modulation-Brisbane.com)

**Contacts:**

[Sensorymodulationb@gmail.com](mailto:Sensorymodulationb@gmail.com)

[sensory-modulation-Brisbane.com](http://sensory-modulation-Brisbane.com)

**Media:**

[Facebook.com/sensorymod](https://www.facebook.com/sensorymod)

Insta: [sensorymodulationbrisbane](https://www.instagram.com/sensorymodulationbrisbane)

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## SENSORY FACTORS FOR THE PERSON

Is the person in pain? Hungry?	Sick? Thirsty?	Itchy? Hot/Cold?
Needing to go to the toilet or need changing?	Bowel changes – constipation, diarrhoea etc	Periods/pre menstrual
Tired?	Waking up?	Spacey? Dissociated?
Does the person try to remove or tug at clothes	Could it be that the clothes are uncomfortable?	Are they being touched ?
Do they need glasses on or off	Do they need hearing aids on/off?	Do they need other AT?
Are they needing more connection with a person?	Are they needing less connection with a person?	Have they seen someone they dislike?
Are they unsteady on their feet?	Losing balance	Was it hard for the person to walk eg uneven surfaces, elevator, stepping over a gap
Assisted movement/transfers	Is movement bothering them?	Mobilising in walker/ wheelchair
Lying in bed	Been in one position for a while	Seat tilted backwards

## SENSORY FACTORS IN OCCUPATIONS: What was the person doing when/before the response occurred

Showering/Bathing	Dressing	Washing Hands
Toileting	Contenance/period management	Hoist
Brushing teeth	Brushing hair	Shaving
Drinking	Eating	Swallowing medication
Meal Preparation	Cooking	Dish Washing
Walking	Travelling in car	Public transport
Shopping	Leisure	Exercise
Work/chores	Art/craft/music	Injections/needles/blood/Drs visit
Nature	Outdoors	nail cutting/first aid

## NOTES:

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