

# Dementia-Friendly Sensory Screen

Resident Name:

Date of Screen:

Taste/Smell Input	Never	Sometimes	Frequently
Does the Resident comment about bad smells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident comment about good smells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident eat mostly sweet foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident frequently ask for or add salt to food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident eat at least 75% at every meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Dementia-Friendly Sensory Screen

Auditory Input	Never	Somet imes	Frequ ently
Does the Resident hum, whistle, sing, or make frequent noises?			
Does the Resident startle easily at loud noises?			
Does the Resident respond appropriately to verbal direction or input?			
Is the Resident easily distracted by noises?			
Does the Resident complain about loud noises, like television or music?			
Will the Resident use strategies to block out loud noise (such as covering the ears)?			
Can the Resident still engage in a task in a noisy environment?			
Does the Resident avoid loud spaces?			
Does the Resident listen to television or music at a loud volume?			

# Dementia-Friendly Sensory Screen

Visual Input	Never	Somet imes	Frequ ently
Does the Resident gravitate to bright rooms or windows?			
Does the Resident gravitate to dark rooms or ask to turn the lights off?			
Does the Resident watch television calmly?			
Can the Resident find all food items on the meal tray?			
Can the Resident recognize when someone enters a room?			
Does the Resident become distracted by increased movement in the environment?			
Can the Resident independently locate a specific item in a drawer or closet?			
Does the Resident complain of dizziness?			

# Dementia-Friendly Sensory Screen

Tactile Input	Never	Somet imes	Frequ ently
Can the Resident comfortably hold hands with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident startle to touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the Resident tolerate someone else assisting with bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident enjoy getting their hair washed, cut, and/or styled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident frequently reach out and touch others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident prefer to remain barefoot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident get dressed in clothing other than pajamas every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident notice when his/her hands or face are dirty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident move away when others get close?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Dementia-Friendly Sensory Screen

Movement	Never	Somet imes	Frequ ently
Is the Resident walking around during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the Resident calmly tolerate car rides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident frequently bump into things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident request exercises or movement activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident sit down before getting close enough to the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident complain of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the Resident hold onto the armrests of the wheelchair when another person is pushing it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Resident independently propel his/her own wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Dementia-Friendly Sensory Screen

Activity Level	Never	Sometimes	Frequently
It takes the Resident multiple attempts to wake up in the morning.			
The Resident will spontaneously leave an activity before it's over.			
It takes longer for the Resident to initiate a group activity or task.			
Does the Resident require multiple attempts to stop one task and move on to another?			
Does the Resident avoid crowded spaces?			
Does the Resident engage in social activities on the unit?			
Does the Resident engage with family and friends who visit the facility?			

# Dementia-Friendly Sensory Screen

## Results

### Key

a check in the following could indicate:



sensory sensitivity or avoidance



low registration



sensory seeking

## Scoring

Sensory Sensitivity	/20	%
Low Registration	/18	%
Sensory Seeking	/16	%