

DSM-V Survey

1. Unaided Awareness of SPD

1. Have you ever heard of Sensory Processing Disorder (also known as Sensory Integration Dysfunction)?

Yes

No

2. Understanding of SPD

2. Using the five point scale below, what number between 1 and 5 best describes your knowledge and understanding of Sensory Processing Disorder?

5 Extremely knowledgeable

4

3

2

1 No knowledge at all

3. SPD Awareness (When Aided With Specific Symptom Examples)

3. Children with Sensory Processing Disorder (SPD) show the following types of symptoms. Please check those that any of your patients have exhibited chronically and severely enough to disrupt their daily functioning at home, school or in other settings? (check all that apply)

- Tactile Over-Responsivity (e.g. dislikes being touched or hugged, hair washing, teeth brushing, nail clipping, avoids touching messy substances, complains about feeling of clothing/tags/seams, etc.)
- Auditory Over-Responsivity (e.g. puts hands over ears to block loud sounds, shows extreme fear to sounds like vacuum, sirens, toilet flush, etc.)
- Movement Over-Responsivity (e.g. afraid of heights, dislikes spinning, swinging, climbing, jumping, running)
- Visual Over-Responsivity (e.g. complains of sunlight or lights being too bright)
- Olfactory Over-Responsivity (e.g. complains of strong odors/smells)
- Food Taste or Texture Over-Responsivity (e.g. aversion to certain tastes/textures of foods, gags often)
- Pain Under-Responsivity (e.g. child doesn't notice pain, hot/cold temperatures)
- Auditory Under-Responsivity (e.g. hard to get child's attention-seems oblivious to directions)
- Movement Under-Responsivity (e.g. no interest in normal running, jumping, swinging, etc. Lacks inner motivation to move)
- Proprioceptive Under-Responsivity (e.g. awkward motor abilities, fatigues quickly, appears weak, etc.)
- Introceptive Under-Responsivity (e.g. unaware of hunger, thirst, toileting needs, etc.)
- None of these
- Other (please specify)

4. Is it PURE SPD not Autism, etc.?

4. Given the types of symptoms described in the last question, have you ever had patients that you would code with a primary diagnosis of Sensory Processing Disorder that have no co-morbid diagnoses?

No

Yes, Over-Responsive

Yes, Under-Responsive

Yes, Both Over-Responsive and Under-Responsive

5. Other Problems Resulting From SPD

5. For patients that you would code with a primary diagnosis of Sensory Processing Disorder and no other co-morbid diagnoses, check any additional issues that are problematic for these patients. (check all that apply)

- Poor social participation and/or social avoidance/withdrawal
- Emotional dysregulation (e.g. easily upset, explosive/angry, tantrums)
- Low self-esteem/Depression
- High anxiety
- Aggression
- Obsessive-Compulsive behaviors
- Hyperactivity
- Impulsivity/Distractability
- Inattention
- Sleep difficulty/disturbances
- School participation problems (e.g. refusal to go, being expelled, must be home-schooled, etc.)
- Poor school performance (e.g. falling behind academically, poor grades, etc.)
- Impaired daily living skills (e.g. eating, dressing, tying shoes, toileting)
- None of these
- Other (please specify)

6. Secondary SPD Diagnoses?

6. Have you ever had patients with other primary diagnoses that you would code with Sensory Processing Disorder as a secondary diagnosis?

- No
- Yes, Autism Spectrum Disorder
- Yes, ADD/ADHD
- Yes, Generalized Anxiety Disorder
- Yes, Bipolar Disorder
- Yes, Obsessive-Compulsive Disorder
- Yes, Tourette's Syndrome
- Yes, Fragile X Syndrome

Yes, Other (please specify)

7. Treatment ratings

7. If you have referred patients with Sensory Processing Disorder to any of the following professionals, rate your impression of treatment effectiveness (personal observation and/or parent report).

If no referrals made, click 'Next' at bottom of page.

	Effectiveness?
Occupational therapist	<input type="text"/>
Physical therapist	<input type="text"/>
Speech therapist	<input type="text"/>
Psychologist	<input type="text"/>
Other type of treatment	<input type="text"/>
Specify other type of treatment	<input type="text"/>

8. Do Current DSM Codes Work For You?

8. Whether or not you currently have patients with SPD, do the current diagnostic categories available in the DSM-IV or ICD-9 or ICD-10 have the appropriate codes for physicians to diagnose patients exhibiting Sensory Processing Disorder with no co-morbid diagnoses?

Yes

No

9. Demographics

9. In what country do you practice the most?

Canada

United States

Other (please specify)

10. Filter for 'State' if US

10. In which state do you practice most?

- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

DSM-V Survey

- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

11. Specialty

11. Check your specialty

Pediatrician

Psychiatrist

Family Practice Doctor

Other (please specify)

12. Thank You

12. Thank you for taking the time to complete this important survey.

(OPTIONAL)

Carefully type in your email address if you wish to be notified about the following sorts of items:

- Updates on progress with addition of SPD to the DSM-V
- Latest research on treatment effectiveness for SPD
- Latest research on neurobiology of SPD
- Quarterly newsletter about SPD
- Add your practice to a treatment directory (to help families find physicians who see kids with SPD)

All items below are voluntary (information is strictly confidential and never shared).

Be sure to click 'Done' at the bottom of this page to complete your survey.

Email address	<input type="text"/>
Name	<input type="text"/>
Address (Optional)	<input type="text"/>
City (Optional)	<input type="text"/>
State (Optional)	<input type="text"/>
Zip Code (Optional)	<input type="text"/>
Country (Optional)	<input type="text"/>