

The Sensory and Satisfaction Questionnaire: Gaining the Child's Perspective

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Many children referred to occupational therapy have differences in sensory processing. However, there are limited assessments or measures created in order to gain the child's perspective and satisfaction of their own sensory experiences. Rather, the majority of sensory processing questionnaires are completed by parents, caregivers, or teachers of a child. While these tools are valuable, they neglect the perspective of the child. Understanding a child's perspective in their own care has been identified as a way to help provide true child-centered care. Researchers have made an important distinction between what is defined as a child perspective and what is defined as a child's perspective. A child perspective is when an adult or caregiver is reporting on behalf of the child and telling their perspective on the child's experiences. A child's perspective is when the child themselves is able to report on their own experiences. Researchers have found that in health care settings, children have reported feeling unheard, unsupported, and disrespected (Quaye et al., 2011).

Rarely, in a pediatric occupational therapy setting, do practitioners seek the input of a child regarding their sensory processing in a formal manner. Further, patient satisfaction with services is often gathered from the parent perspective, who is not receiving direct care, rather than for the child, who is the patient receiving the direct care. The purpose of this study was to develop and pilot an initial tool aimed at gathering information regarding sensory processing and patient satisfaction from the child's perspective.

### **Development of the Tool**

The Sensory and Satisfaction questionnaire was designed to examine sensory processing from the child's perspective for children ages 3-18. The questions included in the questionnaire were drafted from reviewing the Patient Reported Outcome Measurement Information System

(PROMIS). This is funded by NIH and the purpose was to develop patient reported outcomes (PROs) and to validate them.

### **Pilot Version**

The initial version was piloted with 5 participants, ages from three through six. After this pilot, the research team consulted on the questions and responses and removed four questions from the sensory portion of the questionnaire due to limited understanding shown by all participants. With the satisfaction portion of the questionnaire, the research team decided to remove all questions that were not directly focused on satisfaction within the clinic, leaving four questions. The number of questions used in the pilot for the middle childhood and adolescent age range was 40 total, 22 sensory questions and 18 satisfaction questions. The questionnaire was given to a small trial number of participants (3 participants with age six through twelve). Following discussion and agreement of the research team, questions that were deemed repetitive or had poor wording based on the results of the pilot were removed from the final version. After this review, it brought the total number of questions down to 26 questions in total, 15 sensory questions and 11 satisfaction questions.

### **Participants**

The sample included 106 participants between the ages of 3 and 18. All participants were recruited from three different locations of an outpatient pediatric clinic

### **Administration**

The questionnaire was uploaded into Qualtrics online software. The questionnaire was administered via an iPad. Participants were provided a verbal explanation of the visual scale prior to the start of the administration. They were told that the happy represents yes, the slight smile represents somewhat or maybe, and the sad face represents no. Participants read the

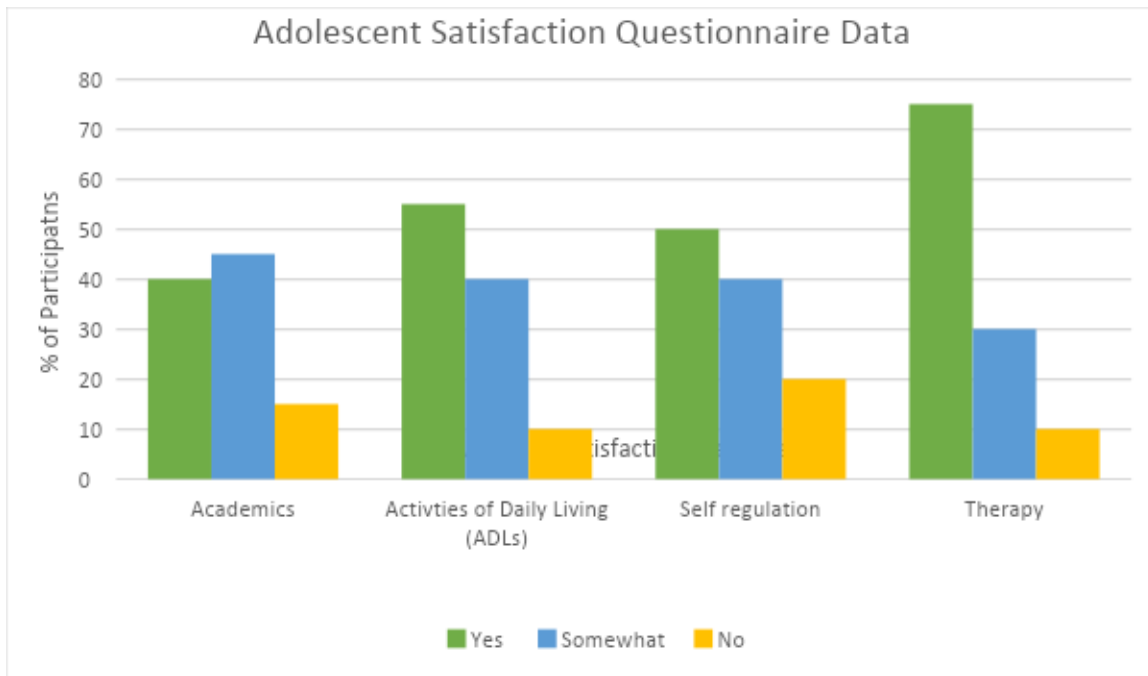
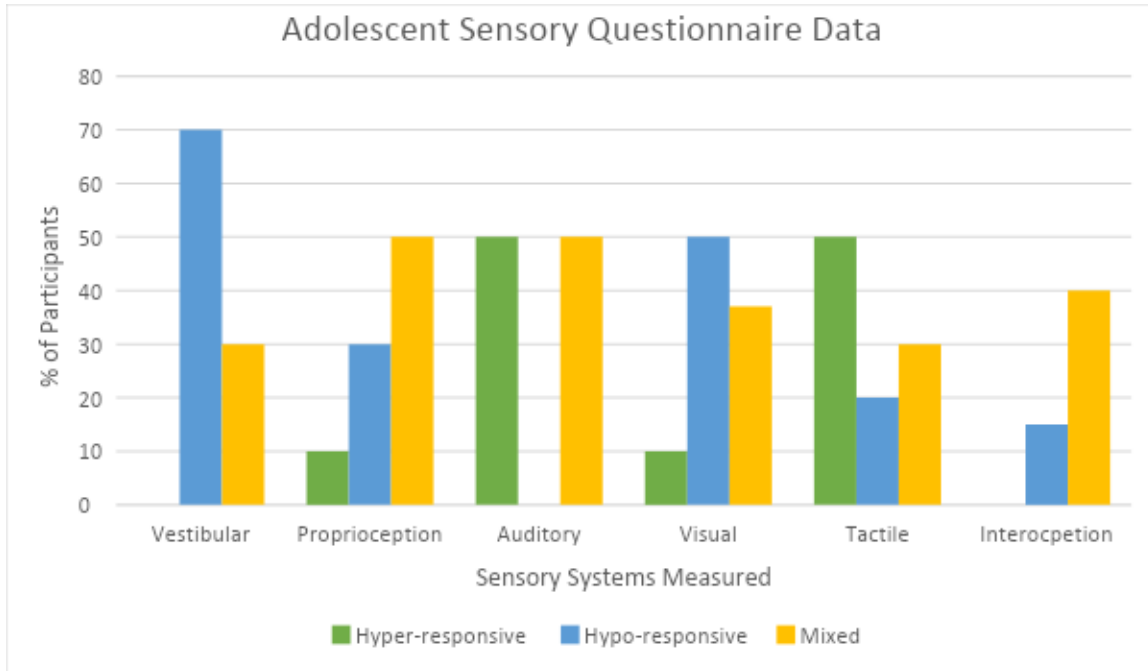
questions or questions were read aloud to them. Responses were given verbally, by pointing to the representative icon, or using gestures. If gestures were used, these were established before the questionnaire administration began to allow for consistency throughout the questionnaire

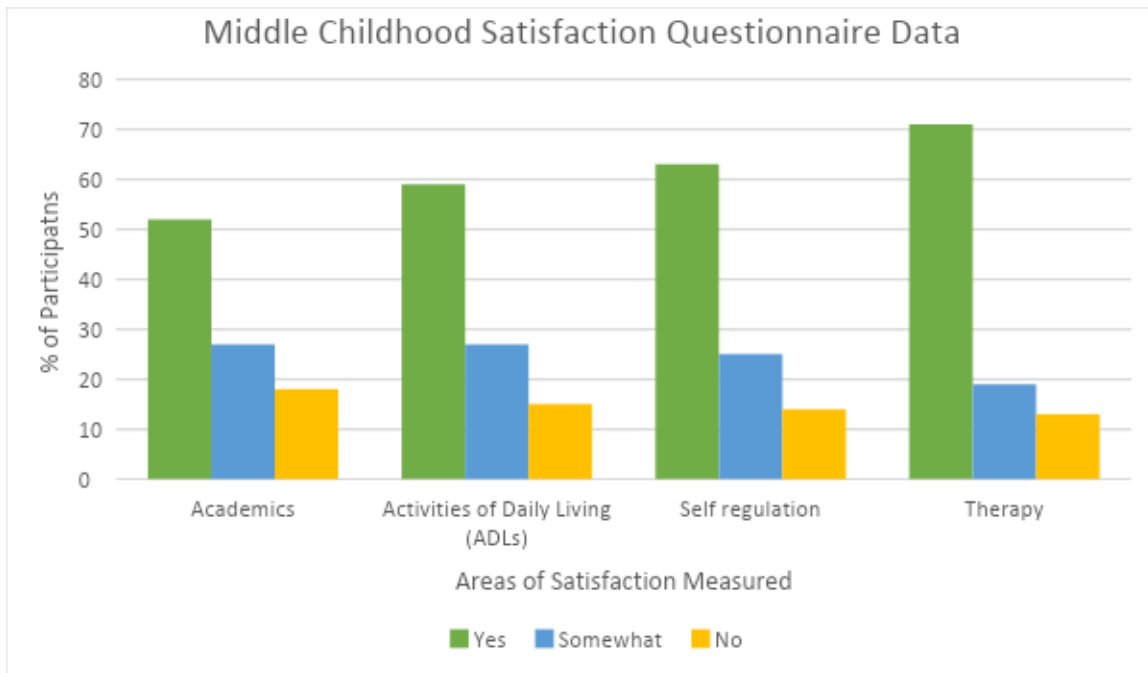
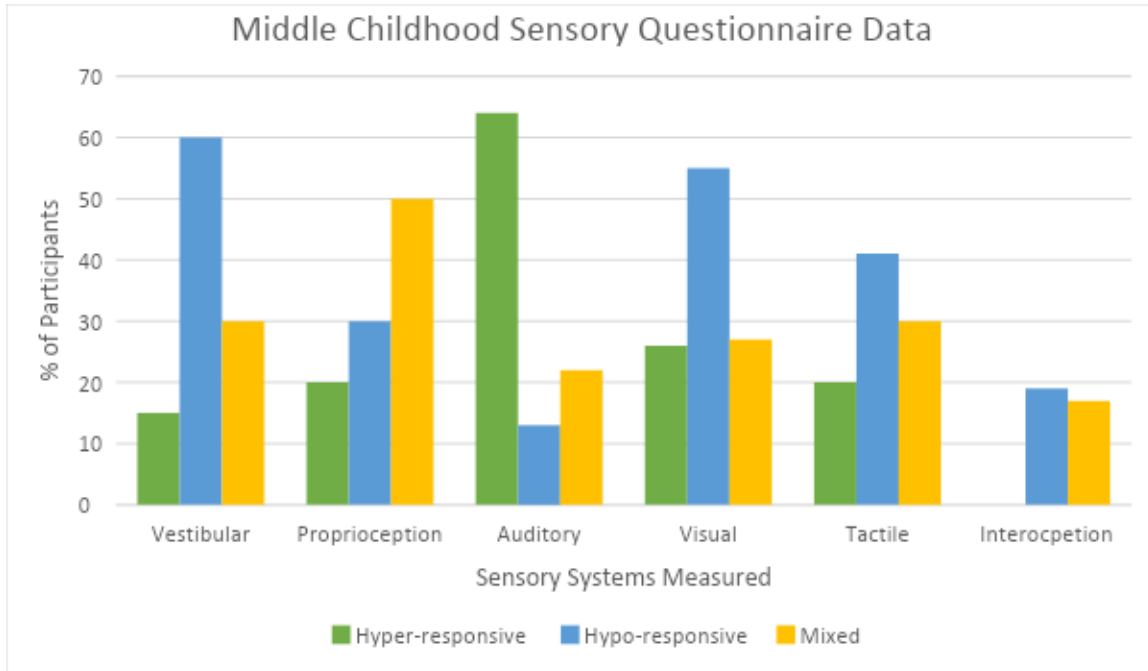
If a participant started the questionnaire but had difficulty fully completing it, then that questionnaire was marked down on a separate document and notes were typed on the reason why the survey was concluded before full completion. The reasons found for unsuccessful completion include limited expressive or receptive language, language barriers, and limited attention span.

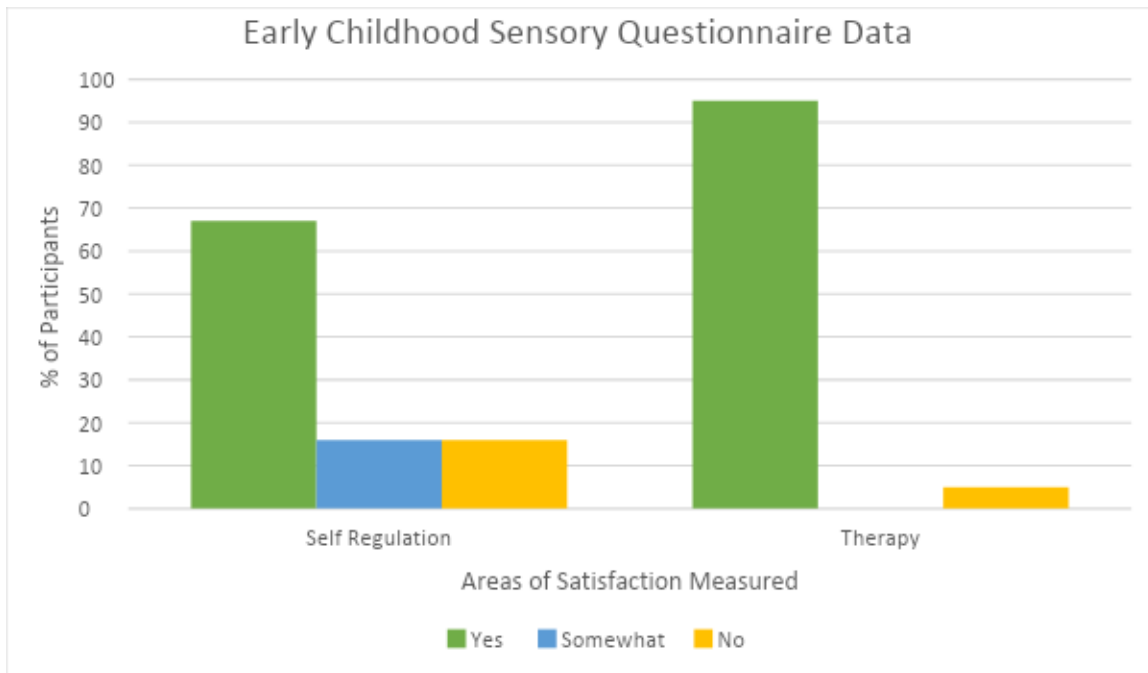
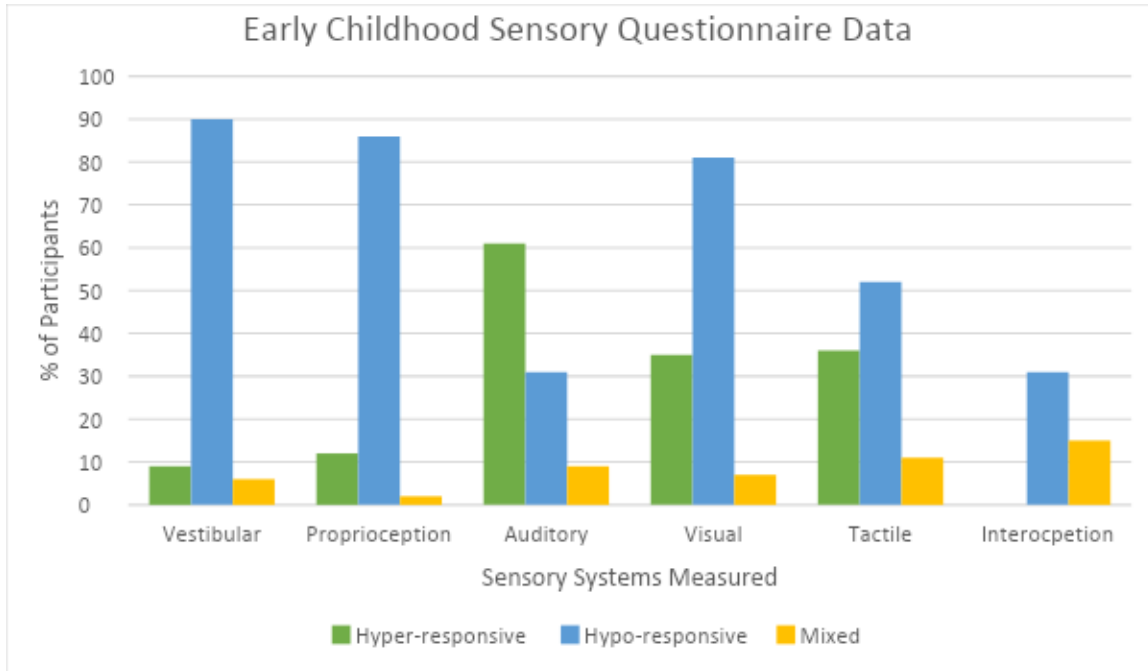
### **Results**

Overall, there were 106 participants that ranged from ages 3 through 18. 46 % of the participants (49 total) were early childhood ages three through six, 44% of the participants (47 total) were middle childhood ages seven through eleven, 9% of the participants (10 total) were adolescent ages twelve through eighteen.

Based on the questionnaire results, each question in the sensory portion of the questionnaire was categorized into indicating hyperresponsiveness to the environment, hyporesponsiveness to the environment, or mixed responses. This was done to help organize the data into information that would be beneficial to practitioners in developing treatment plans.







### Conclusion

The results of this initial study would be used to develop a formal procedure for including a child's perspective within the assessment process. The information from the tool can be used to

make quality improvements within the organization to have more patient centered outcomes and improve patient performance and satisfaction. It is important to gain a child's perspective on their own performance, treatment, and satisfaction. This can help develop goals that are meaningful to the client and allow for therapists to adjust treatment methods to ensure interventions are client centered. The use of a variety of methods to allow students to answer questions is key to gain input from clients of all ages and those that use various methods of communication.

#### Links to Questionnaires

- Early Childhood: <https://forms.gle/M2yeWKVTkWQ6mu3W7>
- Middle Childhood: <https://forms.gle/Ei69ZRRUwGQbpkGv5>
- Adolescent: <https://forms.gle/RMr4B8K84a7sMAQ99>



## References

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- Quaye, AA, Coyne, I, Söderbäck, M, Hallström, IK. Children's active participation in decision-making processes during hospitalisation: An observational study. *J Clin Nurs*. 2019; 28: 4525– 4537. <https://doi.org/10.1111/jocn.15042>

## Appendix A

### Sensory and Satisfaction Questionnaire Administration Instructions

#### Questionnaire information

1. Pre- kindergarten
  - a. Question total: 16
  - b. Total average time for assessment completion: 3-5 minutes
  - c. Age range: 3 years- 6 years
2. Elementary
  - a. Question total: 26
  - b. Total average time for assessment completion: 5-7 minutes
  - c. Age range: 7 years- 11 years
3. Adolescent
  - a. Question total: 26
  - b. Total average time for assessment completion: 5-8 minutes
  - c. Age range: 12 years-18 years

#### Administration Instructions

1. The survey can be administered wherever is the most comfortable for the child. The different locations can include inside of a sensory swing, sitting under crash pads for additional calming and proprioceptive input, sitting at a table, sitting in a wobble chair at a table, sitting in a room with limited distraction, etc. It is just important that they are sitting somewhere that is in an area where they can be focused enough to answer the questions.
2. Before the examination begins, there are three different questions that need to be answered to gain more understanding about the child. The questions are asking information about their age, what therapy services they receive, and how long they have been coming to therapy.

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- Adolescent: <https://forms.gle/RMr4B8K84a7sMAQ99>

