

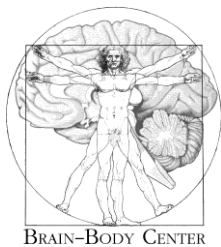
Brain Body Center Sensory Scales (BBCSS)

Child Form

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The *Brain Body Center Sensory Scales (BBCSS)* are designed as a general, preliminary assessment of behaviors related to sensory processing profiles, including auditory, visual, and tactile processing, and feeding behaviors. Individual responses to different environmental stimuli vary widely, and learning more about a child's sensory processing is an important component of any comprehensive behavioral evaluation.

If you are unsure whether your child has ever displayed the behavior in question, or if your child has NEVER displayed the behavior please answer Not sure/Not Applicable.



BBC Sensory Scales

Child Form

Auditory Processing

1. How often does your child respond negatively to unexpected or loud noises (for example, hides or cries at noise from ambulance, train, fire or car alarm, fireworks)?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

2. How often does your child become distracted, or have difficulty following verbal instructions when there is a lot of noise around?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

3. How often does your child hold his/her hands over the ears?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

4. How often does your child appear not to hear what you say (for example, does not seem to pay attention to what you say, appears to ignore you)?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

5. How often does your child have trouble working with background noise (for example, air conditioner, traffic noises, airplanes)?

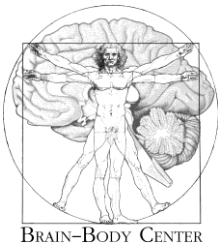
Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

6. How often does your child not respond when his/her name is called, even though you know the child's hearing is not a problem?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

7. How often is your child unusually angry or frightened or appear in pain when others cry or scream?

Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable



BBC Sensory Scales

Child Form

8. How often do you have to speak loudly or get very close to your child's face to get your child's attention?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

9. How often does your child seem unaware of continuous noise in the environment (for example, TV, stereo)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

10. How often does your child seem overly aware, distracted, or disturbed by continuous noise in the environment (for example, TV, stereo)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

11. How often does your child take a long time to respond when spoken to, even to familiar voices?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

12. How often does your child startle easily at sound, compared to other children the same age, with loud or high-pitched noises (for example, vacuum, blender, fire alarms)?

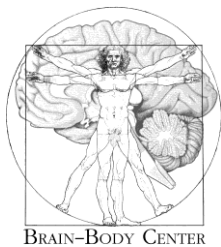
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|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

13. How often is your child distracted by sounds not normally noticed by other people (for example, air conditioning fans, trains or planes outside)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

14. How often does your child respond negatively (i.e. tantrum, become distracted or anxious) when entering places with continuous background noises (for example, grocery stores, schools, shopping malls)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |



BBC Sensory Scales

Child Form

Visual Processing

15. How often is your child bothered by bright lights after your eyes or other children's eyes have adapted to the same light?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

16. How often does your child cover his/her eyes or squint?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

17. How often does your child seem unable to tolerate bright lights?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

18. How often does your child seem unable to tolerate flashing lights?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

19. How often does your child get fussy when exposed to bright lights?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

20. How often does your child seem sensitive to bright lights (for example, cries or closes eyes)?

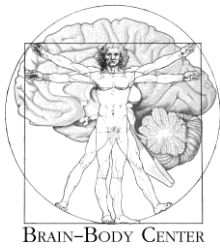
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|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

21. How often does your child seem sensitive to flashing lights (for example, cries or closes eyes)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

22. How often does your child hesitate to go outside when it's sunny?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |



BBC Sensory Scales

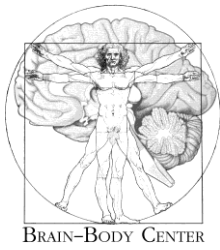
Child Form

23. How often does your child seem easily distracted by movement he/she can see?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

24. How often does your child seem easily distracted by movements of objects (i.e. mechanical toys or cars)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |



BBC Sensory Scales

Child Form

Tactile Processing (Touch)

25. How often does your child seem distressed by tooth-brushing?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

26. How often does your child seem distressed by face-washing?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

27. How often does your child seem distressed by fingernail-cutting?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

28. How often does your child seem distressed by hair-brushing?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

29. How often does your child insist that labels or tags be removed from most clothing?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

30. How often does your child refuse to wear certain fabrics or cry or fuss in response to wearing certain fabrics?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

31. How often does your child complain that certain garments are too tight or scratchy?

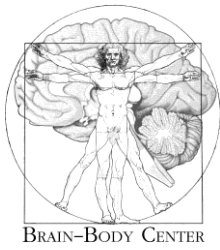
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|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

32. How often does your child prefer to not wear clothing?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

33. How often does your child resist hugging?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |



BBC Sensory Scales

Child Form

34. How often does your child react negatively or aggressively to hand-holding?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

35. How often does your child react emotionally or aggressively to being touched?

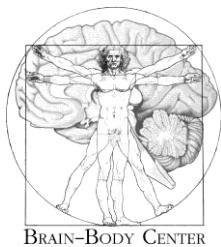
- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

36. How often does your child react emotionally or aggressively when touching very cold objects with his/her hands?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

37. How often does your child react emotionally or aggressively when very cold objects touch his/her face?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |



BBC Sensory Scales

Child Form

Ingestion and Digestion

38. How often does your child avoid certain tastes?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

39. How often does your child resist certain textures of food?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

40. How often does your child avoid certain food smells?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

41. How often does your child resist certain temperatures of food?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

42. How often does your child gag?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

43. How often does your child vomit?

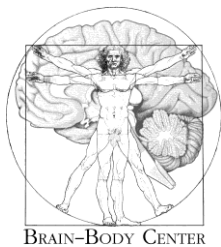
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

44. How often does your child have acid reflux?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable

45. How often does your child have excessive intestinal gas?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost Always	Frequently/ Often	Sometimes/ Occasionally	Almost Never	Not Sure/ Not Applicable



BBC Sensory Scales

Child Form

46. How often does your child become constipated?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

47. How often does your child experience stomach or intestinal cramping?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

48. How often does your child seem to have difficulty swallowing solid foods?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

49. How often does your child suck on objects other than food (for example, pacifier, own tongue, thumb)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |

50. How often does your child eat (or want to eat) significantly less than you think is appropriate for his/her size or age?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often | Sometimes/ Occasionally | Almost Never | Not Sure/ Not Applicable |