

Brain Body Center Sensory Scales (BBCSS)

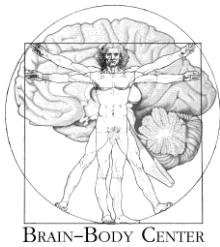
Adult Form

Self-Report

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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 an individual's sensory processing is an important component of any comprehensive behavioral evaluation.

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



BBC Sensory Scales

Adult Form

Auditory Processing

1. How often do you respond negatively to unexpected or loud noises (for example, hide or cringe 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 do you 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 do you hold your hands over or plug your ears?

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

4. How often do you not hear what others say (for example, you fail to pay attention to what others say)?

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

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

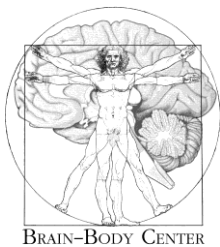
Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never | Not Sure/ Not Applicable

6. How often do you not respond when your name is called, even though you know your hearing is not a problem?

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

7. How often are you unusually angry, frightened, or in pain when others cry or scream?

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



BBC Sensory Scales

Adult Form

8. How often do others have to speak loudly or get very close to your face to get your 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 are you 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 are you 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 do you 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 do you startle easily at sound, compared to others, with loud or high-pitched noises (for example, vacuum, blender, fire alarms)?

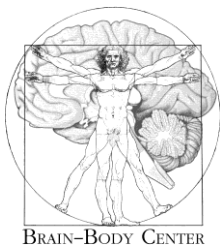
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|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |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

13. How often are you 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 do you respond negatively (i.e. 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

Adult Form

Visual Processing

15. How often are you bothered by bright lights after others' 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 do you cover your 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 are you 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 are you 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 do you get agitated 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 are you sensitive to bright lights (for example, squint or close eyes)?

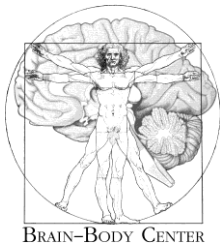
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|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |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

21. How often are you sensitive to flashing lights (for example, squint or close 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 do you 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

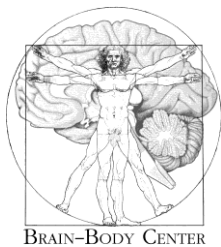
Adult Form

23. How often are you easily distracted by movement only you 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 are you easily distracted by movements of objects (i.e. mechanical objects or repetitive movements)?

- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <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

Adult Form

Tactile Processing (Touch)

25. How often are you distressed or overly-sensitive to tooth-brushing?

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

26. How often are you distressed or overly-sensitive to face-washing?

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

27. How often are you distressed or overly-sensitive to fingernail-cutting?

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

28. How often are you distressed or overly-sensitive to hair-brushing?

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

29. How often do you remove labels or tags from most clothing, or ask that they be removed?

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

30. How often do you refuse to wear certain fabrics or find certain fabrics irritating?

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

31. How often do you find certain garments are too tight, scratchy or irritating?

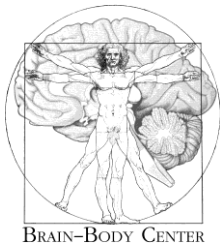
- Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never Not Sure/ Not Applicable

32. How often do you prefer to not wear certain clothing items?

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

33. How often do you resist hugging?

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



BBC Sensory Scales

Adult Form

34. How often do you react negatively or overly sensitively 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 do you react emotionally or overly sensitively to being touched?

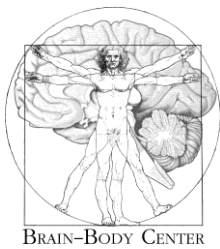
- | | | | | |
|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost Always | Frequently/ Often |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

36. How often do you react emotionally or overly sensitively when touching very cold objects with your 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 do you react emotionally or overly sensitively when very cold objects touch your 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

Adult Form

Ingestion and Digestion

38. How often do you avoid certain tastes?

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

39. How often do you resist certain textures of food?

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

40. How often do you avoid certain food smells?

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

41. How often do you resist certain temperatures of food?

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

42. How often do you gag?

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

43. How often do you vomit?

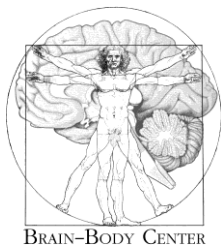
Almost Always Frequently/ Often Sometimes/ Occasionally Almost Never Not Sure/ Not Applicable

44. How often do you have acid reflux?

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

45. How often do you have excessive intestinal gas?

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



BBC Sensory Scales

Adult Form

46. How often are you constipated?

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

47. How often do you experience stomach or intestinal cramping?

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

48. How often do you have difficulty swallowing solid foods?

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

49. How often do you suck on objects other than food (for example, pen, lip, own tongue)?

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

50. How often do you eat (or want to eat) significantly less than you think is appropriate for your size or age?

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