# Unlocking the Joy of Play

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Regarding Research Project: Unlocking the Joy of Play!

Document version 3 dated 27/06/2025

Dear potential research participant,

You are invited to participate in the research project noted above which is being conducted by researchers from the University of Newcastle.

This research is part of Teghan O'Beirne's studies at the University of Newcastle, supervised by Dr Emily Freeman, Dr Olivia Whalen and Dr Erin Robinson from the School of Psychological Sciences.

The information below provides more detail about the study and how you can participate, if you choose to do so.

### 1. What is the research study about?



The purpose of the research is to have a strengths-based approach when exploring play preferences between children and their parents. The study will recruit parents of neurotypical and neurodivergent (e.g., autism, ADHD) children. This research aims to highlight play preferences and play strengths of neurodivergent children. Additionally, the survey will illuminate how and if sensory profiles influence play. By participating in this survey, participants will have the opportunity to help researchers understand the relationship between children's sensory profiles and parent-child play. Lastly, this research will support a strengths-based approach by investigating play strengths for children with high sensory needs.

#### 2. Who is conducting the research?

This research project is being conducted by researchers from the University of Newcastle's School of Psychological Sciences including Dr Emily Freeman, Dr Olivia Whalen, and PhD candidate Teghan O'Beirne. This survey has also been developed in collaboration with the neurodivergent community.

#### 3. Who can participate in the research?

This research study is recruiting English-speaking parents (18 years or older) of children aged 3 to 5 years old and are currently living in Australia.

### 4. What does participation involve?

If you agree to participate, you will be asked to complete an anonymous online survey about you and your child's play preferences, frequency, and enjoyment. There will be demographic questions about you and your child including neurodevelopment, physical and mental health. You will also be asked to complete the Child Sensory Profile Questionnaire 2 – Caregiver Questionnaire for us to gain an understanding of your child's unique sensory profile (Dunn, 2014). There will also be some optional open-ended questions where you can describe your child's (if any) special/ focused interests, play styles missed, and describing your latest play session with your child. Lastly, parents of a neurodivergent child will be asked if they would like to be contacted to participate in an optional interview about the barriers and facilitators to playtime. If yes is selected, you will be taken to a separate questionnaire that collects contact information that is not linked to survey responses.



The survey should take approximately 30 minutes to complete (will vary depending on the amount of play types you and your child engage in) and can be completed on a mobile phone, computer or tablet. At the end of the survey, you will have the option to enter your email address if you would like to enter the prize draw to win 1 of 4 \$50 online gift vouchers.

### 5. Do you have to take part in this research study?

No. Participation in this research study is voluntary. If you do not want to take part, you do not have to. If you decide to participate and later change your mind, you are free to withdraw from the study at any time prior to submitting your completed survey. Due to the anonymous nature of the survey, if you decide to withdraw from the project after submitting a completed survey, we cannot withdraw your responses.

### 6. What is the benefit of participating in this research study?

By participating in this survey, you will have the opportunity to help researchers understand the relationship between children's sensory profile and parent-child play. Additionally, this research will support a strengths-based approach by investigating play strengths for children with high sensory needs. Lastly, this survey provides the opportunity for you to reflect on the positive play experiences you have shared with your child.

### 7. Are there any risks involved in participating in this research?

Some of the questions deal with potentially sensitive issues such as questions on mental and physical health conditions. Should you find any of the questions upsetting, you can stop your participation at any time prior to submission of the survey.

You can also contact Lifeline on 13 11 14, Beyond Blue on 1300 224 636, or 13YARN on 13 92 76 (for Aboriginal or Torres Strait Islanders) should you need support regarding any of the issues raised in the survey.

#### 8. How will your privacy be protected?

Due to the anonymous nature of the survey, the responses you provide will not be identifiable.



The survey will be hosted by the University of Newcastle IT Department through Ouestion Pro.

Data collected from interviews will be deidentified by replacing names with numerical codes early in the project before analysis. Interviews will be audio recorded and stored on the University of Newcastle's data cloud. During interviews, personal or sensitive information may be discussed and participants must maintain the confidentiality of others by not discussing this information with outside parties. All data will be transcribed, analysed and stored by the research team.

Data will be retained securely for a minimum period of 5 years from completion of the research and managed/stored in accordance with the University's Research Data and Materials Management Guideline (see https://policies.newcastle.edu.au/document/view-current.php?id=72) or any successor Guideline, and applicable University of Newcastle policy provisions (as amended from time to time). Participants can find more information about the University of Newcastle's IT department privacy/security policy here: https://www.newcastle.edu.au/\_\_data/assets/pdf\_file/0006/348810/Information-Security-Policy-D09-1992P-3.PDF

#### 9. How will information collected by the research team be used?

The information we collect will contribute to Teghan O'Beirne's PhD thesis and potentially included in scientific publications and conference presentations. All of the data will be de-identified.

If you would like a copy of the summary of the results, please record your details using the separate link which will be provided at the end of the main survey. This information is collected and stored separately from your completed survey data.

Individual participants will not be identifiable in any of the outputs generated from the research project, but individual anonymous responses may be quoted. Non-identifiable data may be shared with other parties as part of a peer-review process to verify the robustness and integrity of the study, or to contribute to further research and public knowledge.

### 10. What you need to do in order to participate



Read this Information Statement in its entirety and be sure you understand all of the information provided before you agree to participate.

If there is anything you do not understand, or if you have questions, contact Emily.Freeman@newcastle.edu.au or Teghan.Obeirne@uon.edu.au If you would like to participate, please click the "Start" button and complete the online survey. If this document was provided in an electronic form you are encouraged to retain a copy for your reference.

Completion and submission of the survey will be taken as your implied consent to participate.

#### 11. Do you need more information?

If you would like more information about this research project, please contact Emily.Freeman@newcastle.edu.au or Teghan.Obeirne@uon.edu.au Thank you,

Teghan O'Beirne PhD Researcher

University of Newcastle

Emily Freeman

Dr Emily Freeman Senior Lecturer

#### University of Newcastle

#### Concerns or complaints about this research

This project has been approved by the College Human Ethics Advisory Panel, Approval No. H-2024-0278.

If you have concerns about your rights as a participant in this research, or if you have a complaint about the manner in which the research is conducted, you can contact the Chief Investigator Dr Emily Freeman (Emily.Freeman@newcastle.edu.au).

If you would prefer to contact someone independent of the research project, you can forward your concerns to:

Human Research Ethics Officer
Research and Innovation Services
University of Newcastle
University Drive
Callaghan NSW 2308, Australia

Phone: (02) 4921 6333

Email: Human-Ethics@newcastle.edu.au

### Select Captcha and Verify

Are you currently living in Australia?

O Yes

O No

How old are you?

O 19

O 21

O 22

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$\bigcirc$	96			
$\bigcirc$	97			
$\bigcirc$	98			
$\bigcirc$	99			
$\bigcirc$	100			
Wha	at is your gender?			
$\bigcirc$	Woman			
$\bigcirc$	Man			
$\bigcirc$	Non-Binary			
$\bigcirc$	Prefer not to say			
$\bigcirc$	Other (please specify)			
What is your sex?				

$\bigcirc$	Female
$\bigcirc$	Male
$\bigcirc$	Intersex
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Wha	at is your current relationship status?
$\bigcirc$	Single
$\bigcirc$	De Facto
$\bigcirc$	Married
$\bigcirc$	Separated
$\bigcirc$	Divorced
$\bigcirc$	Widowed
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Wha	at country were you born in?
$\bigcirc$	Australia
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Are	you of Aboriginal or Torres Strait Islander origin?
$\bigcirc$	No

$\bigcirc$	Yes, Aboriginal
$\bigcirc$	Yes, Torres Strait Islander
$\bigcirc$	Yes, Aboriginal and Torres Strait Islander
$\bigcirc$	Prefer not to say
	ich cultural background do you feel you most strongly align with (e.g., stralian, Greek, Chinese)?
$\bigcirc$	Prefer not to say
$\bigcirc$	Enter here
Wh	at language/s did you first learn to speak?
	English
	Prefer not to say
	Other (please specify)
	N/A
Wh	at is your highest educational attainment?
$\bigcirc$	Did not complete Yr 10
$\bigcirc$	Completed Yr 10
$\bigcirc$	Completed Yr 12
$\bigcirc$	TAFE Certificate
$\bigcirc$	Diploma
$\bigcirc$	Bachelor Degree
$\bigcirc$	Masters, Doctorate, Graduate Diploma

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O Prefer not to say
Other (please specify)
Do you have any of the following mental health conditions?
Anxiety
Depression
☐ Bipolar Disorder
Schizophrenia
Post-Traumatic Stress Disorder (PTSD)
Complex Post-Traumatic Stress Disorder (CPTSD)
Eating Disorder (e.g., anorexia, bulimia)
Personality Disorder (e.g., borderline, antisocial)
Prefer not to say
□ No
Other (please specify)
Do you have any physical conditions? If yes, please specify
○ No
O Prefer not to say
○ Yes
Have you been diagnosed, self-diagnosed, or in the process of being diagnosed with any of the following?

	No	Diagnosed	Self- Diagnosed	In the process of being diagnosed	Prefer not to say
Autism	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
ADD/ ADHD-I (inattentive)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
ADHD-HI (hyperactive/impulsive)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
ADHD-C (combined)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Tourette's	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dyslexia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dyscalculia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dyspraxia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dysgraphia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
What is your personal ar  \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 \$100,001 - \$150,000 \$150,001 + Prefer not to say	nual gro	ss income (b	efore tax)?		
What is your current employment status?					
Full Time Parent					



	Casually Employed		
	Part-Time Employed		
	Full-Time Employed		
	Currently Unemployed		
	Student		
	Prefer not to say		
	Other (please specify)		
This is	s a quick AI check, please respo red.	nd to the question below to	O 10 O 11 O 12
	4 + 9 =		<u>0</u> 13
	provide value		
	10 11		
	12		
	13		
	15		
	nverage, how many nteering)?	days per week do	you w
	0		
$\bigcirc$	Less than 1		

O 1
O 2
○ 3
O 4
O 5
O 6
O 7
O Prefer not to say
How many children do you have?
O 1
O 2
○ 3
O 4
O 5
O 6
O Prefer not to say
Other (please specify)
How old is the survey child in years and months? Note: the survey child is the child aged 3 to
5 years old who you are completing this survey for.

gra	ndfather)?
Wh	at is the child's gender?
$\bigcirc$	Girl
$\bigcirc$	Boy
$\bigcirc$	Non-Binary
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Wh	at is the child's sex?
$\bigcirc$	Female
$\bigcirc$	Male
$\bigcirc$	Intersex
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Wh	at country was the child born in?
$\bigcirc$	Australia
$\bigcirc$	Prefer not to say
$\bigcirc$	Other (please specify)
Wh	at language did your child first learn to speak

What is your relationship to the child (e.g., mother, father, grandmother,



	English
	Prefer not to say
	Other (please specify)
	N/A
Doe	es your child go to daycare or school?
	Full time at home
	Day care
	Pre-school
	School
	Prefer not to say
	average, how many days per week does your child attend some form of care d/or schooling outside the home?
	0
$\bigcirc$	1
$\bigcirc$	1
0	<ul><li>1</li><li>2</li></ul>
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Has your child been diagnosed, parent-diagnosed, or in the process of being ? diagnosed with any of the following?					
	No	Diagnosed	Parent- Diagnosed	In the process of being diagnosed	Prefer not to say
Autism	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
ADD/ ADHD-I (inattentive)	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$
ADHD-HI (hyperactive/impulsive)	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\circ$
ADHD-C (combined)	$\bigcirc$	$\bigcirc$	$\bigcirc$		
Tourette's	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Dyslexia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dyscalculia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dyspraxia	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Dysgraphia	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Does your child have any condition that prevents them from engaging in physical activity? If yes, please specify  No					
O Prefer not to say					
O Yes					
* This question is to check your attention only. When asked what your favourite drink is, please select 'Orange Juice'.  Based on the text above, what is your favourite drink?  Beer					
Wine					

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$\bigcirc$	Tea
$\bigcirc$	Coffee
$\bigcirc$	Orange juice
$\bigcirc$	Apple Juice
Tl	following statements describe how shildren may set Discoursed and

The following statements describe how children may act. Please read each statement and select the opinion that best describes how often your child shows these behaviors. Please mark one option for every statement.

### **AUDITORY Processing**

	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
reacts strongly to unexpected or loud noises (for example, sirens, dog barking, hair dryer).	$\circ$	0	0	0	$\circ$	0
holds hands over ears to protect them from sound.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
struggles to complete tasks when music or TV is on.	$\circ$	$\circ$	$\bigcirc$	0	$\bigcirc$	
is distracted when there is a lot of noise around.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
becomes unproductive with background noise (for example, fan, refrigerator).	0	0	$\bigcirc$	0	$\circ$	0
tunes me out or seems to ignore me.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
seems not to hear when I call his or her name (even though hearing is OK).	$\circ$	0	$\bigcirc$	0	$\bigcirc$	$\circ$
enjoys strange noises or makes noise(s) for fun.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

## **VISUAL Processing**

## My child...

Almost Always (90% or more of the time)	Frequently (75% of the time)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
0	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\circ$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
$\circ$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
0	0	$\bigcirc$	0	$\circ$	
	(90% or more of the time)	Always (90% or more of the time)  (75% of the time)  (75% of the time)  (75% of the time)	Always (90% or more of the time)  (75% of the time)  (50%)  (50%)  (50%)	Always (90% or more of the time)  (75% of the time)  (50%)  (25%)  (25%)  (25%)  (25%)  (25%)  (25%)	Always (90% or more of the time) (75% of the time) (75% of the time) (75% of the time) (50%) (25

## **TOUCH Processing**

	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
shows distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting).	0	0	$\circ$	0	$\circ$	$\circ$
becomes irritated by wearing shoes or socks.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
shows an emotional or aggressive response to being touched.	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$

becomes anxious when standing close to others (for example, in a line).	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\bigcirc$
rubs or scratches a part of the body that has been touched.	$\circ$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
touches people or objects to the point of annoying others.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
displays need to touch toys, surfaces, or textures (for example, wants to get the feeling of everything).	0	0	0	0	0	0
seems unaware of pain.	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
seems unaware of temperature changes.	$\bigcirc$	$\circ$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
touches people and objects more than same-aged children.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
seems oblivious to messy hands or face.	0	0	0	0	$\bigcirc$	$\bigcirc$

## **MOVEMENT Processing**

	Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Never (10% or less of the time)	Does Not Apply
pursues movement to the point it interferes with daily routines (for example, can't sit still, fidgets).	$\circ$	0	$\circ$	0	$\circ$	$\bigcirc$
rocks in chair on floor, or while standing.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
hesitates going up or down curbs or steps (for example, is cautious, stops before moving).	$\circ$	0	$\circ$	0	$\circ$	$\circ$
becomes excited during movement tasks.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

takes movement or climbing risks that are unsafe.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
looks for opportunities to fall with no regard for own safety (for example, falls down on purpose).	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$
loses balance unexpectedly when walking on an uneven surface.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$
bumps into things, failing to notice objects or people in the way.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

## **BODY POSITION Processing**

# My child...

	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
moves stiffly.		$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$
becomes tired easily, especially when standing or holding the body in one position.	$\circ$	0	$\circ$	0	$\bigcirc$	0
seems to have weak muscles.		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
props to support self (for example, holds head in hands, leans against a wall).	$\circ$	0	$\bigcirc$	0	$\circ$	$\circ$
clings to objects, walls, or banisters more than same-aged children.	$\bigcirc$	$\circ$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
walks loudly as if feet are heavy.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
drapes self over furniture or on other people.	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
needs heavy blankets to sleep.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

ORAL SENSORY Processing



	Almost Always (90% or		Half the		Almost Never (10% or	
	more of the time)	Frequently (75%)	<b>Time</b> (50%)	Occasionally (25%)	less of the time)	Does Not Apply
gags easily from certain food textures or food utensils in mouth.	$\bigcirc$	$\circ$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
rejects certain tastes or food smells that are typically part of children's diets.	$\bigcirc$	0	$\bigcirc$	$\circ$	$\circ$	0
eats only certain tastes (for example, sweet, salty).	$\bigcirc$		$\bigcirc$	0	$\bigcirc$	$\bigcirc$
limits self to certain food textures.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
is a picky eater, especially about food textures.	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
smells nonfood objects.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
shows a strong preference for certain tastes.	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
craves certain foods, tastes, or smells.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
puts objects in mouth (for example, pencil, hands).	$\bigcirc$	$\circ$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
bites tongue or lips more than same-aged children.	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

**CONDUCT Associated With Sensory Processing** 

	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
seems accident-prone.		$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
rushes through coloring, writing, or drawing.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
takes excessive risks (for example, climbs high into a tree, jumps off tall furniture) that compromise own safety.	0	0	0	0	$\circ$	$\circ$

seems more active than same-aged children.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
does things in a harder way than is needed (for example, wastes time, moves slowly).	0	$\circ$	0	0	0	$\circ$
can be stubborn and uncooperative.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
has temper tantrums.		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
appears to enjoy falling.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
resists eye contact from me or others.		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

SOCIAL EMOTIONAL Response Associated with Sensory Processing

	Almost Always (90% or more of the time)	Frequently (75%)	Half the time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
seems to have low self-esteem (for example, difficulty liking self).	$\circ$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
needs positive support to return to challenging situations.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
is sensitive to criticisms.	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	
has definite predictable fears.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
expresses feeling like a failure.		0	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
is too serious.		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
has strong emotional outbursts when unable to complete a task.	$\circ$	0	$\bigcirc$	0	$\bigcirc$	$\circ$
struggles to interpret body language or facial expression.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
gets frustrated easily.		0	$\bigcirc$	$\circ$	$\bigcirc$	
has fears that interfere with daily routines.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

	Almost Always (90% or more of the time)	Frequently (75%)	Half the time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
is distressed by changes in plans, routines, or expectations.	$\circ$		$\bigcirc$	0	$\bigcirc$	$\bigcirc$
needs more protection from life than sameaged children (for example, defenseless, physically or emotionally).	$\bigcirc$	0	$\bigcirc$	0	$\circ$	$\bigcirc$
interacts or participates in groups less than same aged children.	$\circ$		$\bigcirc$	0	$\bigcirc$	$\bigcirc$
has difficulty with friendships (for example, making or keeping friends).	$\bigcirc$	0	$\circ$	0	$\circ$	$\bigcirc$

ATTENTIONAL Responses Associated With Sensory Processing

	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
misses eye contact with me during everyday interactions.	0		$\bigcirc$	0	$\bigcirc$	$\bigcirc$
struggles to pay attention.	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
looks away from tasks to notice all actions in the room.			$\bigcirc$	0	$\bigcirc$	$\bigcirc$
seems oblivious within an active environment (for example, unaware of activity).	$\bigcirc$		$\bigcirc$	$\bigcirc$		$\bigcirc$
stares intensively at objects.	$\bigcirc$		$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
stares intensively at people.		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
watches everyone when they move around the room.	$\circ$	0	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
jumps from one thing to another so that it interferes with activities.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
gets lost easily.		0	$\bigcirc$	$\bigcirc$	$\bigcirc$	

has a hard time finding objects in competing backgrounds (for example, shoes in a messy room, pencil in 'junk drawer').	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$
	Almost Always (90% or more of the time)	Frequently (75%)	Half the Time (50%)	Occasionally (25%)	Almost Never (10% or less of the time)	Does Not Apply
seems unaware when people come into the room.	0	0	$\circ$	0	$\bigcirc$	$\bigcirc$
* This question is to check you sport is, please select 'volleyba's Based on the text above, what	all'.				t your fa	avourite
○ football						
Soccer						
cricket						
volleyball						
swimming						
tennis						
The following questions relate children do together or on the		erent type	s of act	ivities sor	ne parei	nts and
Does your child have a special describe what this looks like d			st curre	ntly? If ye:	s, please	?
○ No						
O Prefer not to say						
○ Yes						

How important do you do think the following types of play are?

	Not at all important	A little bit important	Somewhat important	Quite important	Very important
Rough-and-Tumble Play	$\bigcirc$	$\bigcirc$			$\bigcirc$
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Puzzles	$\bigcirc$	$\bigcirc$			
Ball Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Organising or Categorising Toys/Objects	$\bigcirc$	$\bigcirc$			$\bigcirc$
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Screen Time (e.g., watching a movie together)	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\bigcirc$
Video Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\bigcirc$	$\bigcirc$			$\bigcirc$
Focused Interest Play	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Vestibular Play (e.g., trampoline, spinning, dancing)	$\bigcirc$	$\circ$	0	$\circ$	$\bigcirc$
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Task-Based Play (e.g., gardening, cooking, cleaning)	$\bigcirc$	$\circ$	0	$\circ$	$\circ$
Music (e.g., singing, listening, or playing an instrument)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

How often do you do the following types of play with your child?

	Never - child does not do this type of play	child does this type of play on their own	Never - child does this type of play with others	1-2 times per year	1-2 times per month	1-2 times per week	3-4 times per week	5-6 times per week	Everyday
Rough-and- Tumble Play	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\circ$
Reading		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

Puzzles	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	$\bigcirc$		$\bigcirc$	$\bigcirc$	0
Ball Games	$\bigcirc$								
Organising or Categorising Toys/Objects	0	0	0	0	0	0	0	0	0
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	0	$\bigcirc$						
Screen Time (e.g., watching a movie together)	0	0	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	0
Video Games	$\bigcirc$								
Craft	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\circ$
Focused Interest Play	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	0	0	$\bigcirc$
Vestibular Play (e.g., trampoline, spinning, dancing)	0	0	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	0	0
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\bigcirc$								
Task-Based Play (e.g., gardening, cooking, cleaning)	0	0	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$	0	0
Music (e.g., singing, listening, or playing an instrument)	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$

How often does your child initiate the following types of play with you?

	Never	1-2 times per year	1-2 times per month		3-4 times per week	5-6 times per week	Everyday
Rough-and-Tumble Play		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Puzzles	$\bigcirc$	$\bigcirc$		$\bigcirc$		$\bigcirc$	$\bigcirc$
Ball Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

Organising or Categorising Toys/Objects	$\bigcirc$						
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$						
Screen Time (e.g., watching a movie together)	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Video Games	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\bigcirc$						
Focused Interest Play	$\bigcirc$						
Vestibular Play (e.g., trampoline, spinning, dancing)	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Task-Based Play (e.g., gardening, cooking, cleaning)	$\circ$	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	$\circ$
Music (e.g., singing, listening, or playing an instrument)	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$

How much does your child enjoy the following types of play with you?

	Not at all	A little bit of enjoyment	A moderate amount of enjoyment	A lot of enjoyment	Extremely joyful
Rough-and-Tumble Play	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Puzzles	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$
Ball Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Organising or Categorising Toys/Objects	$\circ$	$\bigcirc$			$\bigcirc$
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$			$\bigcirc$
Screen Time (e.g., watching a movie together)	$\circ$	$\bigcirc$	0	$\bigcirc$	$\circ$
Video Games	$\bigcirc$	$\bigcirc$			$\bigcirc$

Craft	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Focused Interest Play	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
	Not at all	A little bit of enjoyment	A moderate amount of enjoyment	A lot of enjoyment	Extremely joyful
Vestibular Play (e.g., trampoline, spinning, dancing)	$\circ$	0	0	$\circ$	0
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Task-Based Play (e.g., gardening, cooking, cleaning)	$\circ$	0	0	0	0
Music (e.g., singing, listening, or playing an instrument)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

How much do you enjoy the following types of play with your child?

	Not at all	A little bit of enjoyment	A moderate amount of enjoyment	A lot of enjoyment	Extremely joyful
Rough-and-Tumble Play	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Puzzles	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Ball Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Organising or Categorising Toys/Objects	0	$\bigcirc$	$\bigcirc$		$\circ$
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$			$\circ$
Screen Time (e.g., watching a movie together)	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\circ$
Video Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Focused Interest Play	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$	$\circ$

	Not at all	A little bit of enjoyment	A moderate amount of enjoyment	A lot of enjoyment	Extremely joyful
Vestibular Play (e.g., trampoline, spinning, dancing)	0	0	0	0	0
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\circ$	0	$\circ$	$\circ$	0
Task-Based Play (e.g., gardening, cooking, cleaning)	0	0	0	0	0
Music (e.g., singing, listening, or playing an instrument)	$\bigcirc$	0	$\circ$	$\circ$	0

How often does your child get angry when playing the following with you?

	<b>Never</b> (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)
Rough-and-Tumble Play	$\circ$	$\bigcirc$		$\bigcirc$	
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Puzzles	$\circ$	$\bigcirc$		$\bigcirc$	
Ball Games	$\circ$	$\bigcirc$		$\bigcirc$	
Organising or Categorising Toys/Objects	0	0	0	$\bigcirc$	
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Screen Time (e.g., watching a movie together)	$\circ$	$\circ$		$\bigcirc$	$\bigcirc$
Video Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	
Focused Interest Play	$\bigcirc$	$\bigcirc$		$\bigcirc$	
	<b>Never</b> (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)

Vestibular Play (e.g., trampoline, spinning, dancing)	$\circ$	0	$\circ$	$\circ$	0
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Task-Based Play (e.g., gardening, cooking, cleaning)	0	0	$\circ$	$\circ$	0
Music (e.g., singing, listening, playing an instrument)	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$

How often does your child cry or have a meltdown when playing the following with you?

	<b>Never</b> (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)
Rough-and-Tumble Play	$\circ$	$\bigcirc$		$\bigcirc$	
Reading	$\bigcirc$	$\bigcirc$		$\bigcirc$	
Puzzles	$\circ$	$\bigcirc$		$\bigcirc$	
Ball Games	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	
Organising or Categorising Toys/Objects	0	0	0	$\bigcirc$	$\circ$
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$
Screen Time (e.g., watching a movie together)	0	0		$\bigcirc$	$\bigcirc$
Video Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	
Focused Interest Play	$\bigcirc$	$\bigcirc$		$\bigcirc$	
	<b>Never</b> (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)
Vestibular Play (e.g., trampoline, spinning, dancing)	0	0	0	0	0

Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$
Task-Based Play (e.g., gardening, cooking, cleaning)	0	0	0	0	0
Music (e.g., singing, listening, playing an instrument)		$\circ$	$\circ$	$\circ$	0

How often does your child laugh when playing the following with you?

	Never (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)
Rough-and-Tumble Play		$\bigcirc$		$\bigcirc$	
Reading	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Puzzles		$\bigcirc$		$\bigcirc$	
Ball Games	$\bigcirc$	$\bigcirc$		$\bigcirc$	
Organising or Categorising Toys/Objects	0	0		$\bigcirc$	$\circ$
Pretend Play (e.g., make believe, playing with dolls)	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Screen Time (e.g., watching a movie together	0	0		$\bigcirc$	$\circ$
Video Games	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Craft	$\circ$	$\bigcirc$		$\bigcirc$	$\bigcirc$
Focused Interest Play	$\bigcirc$	$\bigcirc$		$\bigcirc$	
	<b>Never</b> (10% or less of the time)	Occasionally (25%)	Half the Time (50%)	Frequently (75%)	Almost Always (90% or more of the time)
Vestibular Play (e.g., trampoline, spinning, dancing)	0	0	0	0	0
Messy or Sensory Play (e.g., playing with slime, sand, mud)	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$

Task-Based Play (e.g gardening, cooking, cleaning)	5.,	0	0	0	0	$\circ$
Music (e.g., singing, listening, playing ar instrument)	1	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
motiument,						
* This question i	s to check	your atte	ntion only.	When ask	ed what yo	ur favourite
colour is, please						
Based on the tex	kt above, w	hat is yo	ur favourit	e colour?		
Red						
O Blue						
O Yellow						
Green						
Purple						
Orange						
How motivated i	s your chil	d to 'win'	when play	ing the fol	lowing with	ı you?
	Not at all motivated	Somew motiva		erately tivated	Highly motivated	N/A
Rough-and- Tumble Play	$\bigcirc$	$\circ$		0	$\circ$	$\bigcirc$
Ball Games	$\bigcirc$	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$
Video Games	$\bigcirc$	0		$\bigcirc$		$\bigcirc$
How often do vo	u lot vour	child win	دام مولسا	ing the fe	llouing	
How often do yo						
	I never let them win	Less often than I win	About as often as I win	More often than I win	I always let them win	N/A
Rough-and-	$\bigcirc$	$\bigcirc$				
Tumble Play					<u> </u>	

Video Games	$\bigcirc$		$\bigcirc$	$\bigcirc$	0	
What types of r	ough-and-t	umble pla	y do you d	o with you	r child?	
Tickle Games						
Chasing Game	S					
Wrestling Gam	ies					
Strength Game		restle, prete	nd you can't ខ្	get up off the	ground whe	n they
Other (please	specify)					
Parallel Play Play that occur called parallel pyou and your cl always occurs i	play. For the hild play in	e following parallel?	g types of p Drag the ba	olay, how n ar to 100%	nuch of th if this typ	ne time do e of play
Rough-and-Tumble	•					
Reading						
Puzzles						
Ball Games						





Task-Based Play (e.g., gardening, cooking, cleaning)
Music (e.g., singing, listening, playing an instrument)
If there are any other play styles we have missed that your child likes to engage in with you, please provide below including:  • How often you do this type of play together.  • How much enjoyment you both have when doing this type of play.  • How often your child laughs, gets angry, or cries while doing this type of play.
Please describe what the latest play session looked like between you and your child.
Do you have any other comments about the play between you and your child?



Would you like to enter the draw to win 1 of 4 \$50 online gift vouchers/ be contacted for an online semi-structured interview / a summary of the results of this study?
○ Yes
O No
Would you like to enter the draw to win 1 of 4 \$50 online gift vouchers and/or get a summary of the results of this study?
O Yes
O No