

Patient name:

Date of birth:

Questionnaire completed by:

Date of evaluation:

Retrospective Modified Overt Aggression Scale (R-MOAS)

Instructions: These questions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the PAST WEEK.

Verbal Incidents:

0 - 1 times 2 - 4 times 5 or more times

Category weight = 1

- How many times did your child *shout angrily, curse, or insult people* but then stopped quickly?..... 0 1 2
- How many times did your child *shout angrily, curse, or insult people* in a repetitive, out-of-control way during episodes that lasted less than five minutes?..... 0 2 4
- How many times did your child *shout angrily, curse, or insult people* in a repetitive, out-of-control way during episodes that lasted more than five minutes?..... 0 3 6
- How many times did your child *threaten to hurt someone*?..... 0 4 8
- Other verbal incidents (Please describe):

Incidents Toward Other People:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 4

- How many times did your child act like he/she was *about to hit* somebody or *took a swing at someone* without actually hitting another person?.... 0 4 8 12
- How many times did your child *hit someone* with hands or an object, *kick, push, scratch or pull hair, without causing real injury*?..... 0 8 16 24
- How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)?..... 0 12 24 36
- How many times did your child do any of the things in Item 2 and caused serious injury (fracture, lost tooth, loss of consciousness, etc.)?.... 0 16 32 48
- Other incidents toward other people (Please describe):

Site

Project

Visit Type

Visit #

Month

Day

Year

Subject #

Initials

SIBK

02

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Incidents Involving Property:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 2

- 1. How many times did your child *slam a door or cabinet, rip clothing, or knock something over* in anger?..... 0 2 4 6
- 2. How many times did your child *throw things down, kick furniture, or otherwise misuse things angrily* but did not break them?..... 0 4 8 12
- 3. How many times did your child *break things, smash windows, or damage or deface property on purpose*?..... 0 6 12 18
- 4. How many times did your child *set a fire or throw things at people* in order to hurt them?..... 0 8 16 24
- 5. Other incidents involving property (Please describe):

Incidents Directed Toward Self:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 3

- 1. How many times did your child *pick at or scratch his or her skin, pull out hair, or hit himself or herself* while upset or angry?..... 0 3 6 9
- 2. How many times did your child *bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor*?..... 0 6 12 18
- 3. How many times did your child *cut, bruise, or burn himself or herself on purpose*?..... 0 9 18 27
- 4. How many times did your child *severely injure himself or herself, or try to kill himself or herself*?..... 0 12 24 36
- 5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

Staff Use:

VE.....

PH...

PR.....

SE.....

Total.....