



<b>A. Child's First Name:</b> <input type="text"/> <b>C. Your First Name:</b> <input type="text"/> <b>E. Your Relationship to Child:</b> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other	<b>B. Child's Last Name:</b> <input type="text"/> <b>D. Your Last Name:</b> <input type="text"/>	<b>Staff Entries</b> Site: <input type="text"/> Project: <input type="text"/> Participant: <input type="text"/> S, B, K    0, 2    _____ Visit Type: <input type="text"/> Visit #: <input type="text"/> _____    _____ Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> ____ / ____ / ____
---	---	--

## 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

1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?..... 2. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?..... 3. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?..... 4. How many times did your child <i>threaten to hurt someone</i> ?..... 5. Other verbal incidents (Please describe): <input style="width: 100%; height: 40px;" type="text"/>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 0 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 8	----- ----- ----- ----- -----
---	--	---

### Incidents Toward Other People:

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

Category weight = 4

1. How many times did your child act like he/she was <i>about to hit</i> somebody or <i>took a swing at someone</i> without actually hitting another person?.... 2. How many times did your child <i>hit someone</i> with hands or an object, <i>kick, push, scratch or pull hair</i> , <u>without causing real injury</u> ?..... 3. How many times did your child do any of the things in Item 2 <u>and caused some mild injury</u> (bruises, sprains, welts, etc.)?..... 4. How many times did your child do any of the things in Item 2 <u>and caused serious injury</u> (fracture, lost tooth, loss of consciousness, etc.)?..... 5. Other incidents toward other people (Please describe): <input style="width: 100%; height: 40px;" type="text"/>	<input type="radio"/> 0 <input type="radio"/> 4 <input type="radio"/> 8 <input type="radio"/> 12 <input type="radio"/> 0 <input type="radio"/> 8 <input type="radio"/> 16 <input type="radio"/> 24 <input type="radio"/> 0 <input type="radio"/> 12 <input type="radio"/> 24 <input type="radio"/> 36 <input type="radio"/> 0 <input type="radio"/> 16 <input type="radio"/> 32 <input type="radio"/> 48	----- ----- ----- ----- -----
--	---	---

Site <b>S   B   K</b>	Project <b>0   2</b>	Visit Type 	Visit # 	Month       /       /	Day       /       /	Year 	Subject # 	Initials 
--------------------------	-------------------------	----------------	-------------	--------------------------	------------------------	----------	---------------	--------------

**Incidents Involving Property:**

Category weight = 2

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over</i> in anger?.....	<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily</i> but did not break them?.....	<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
3. How many times did your child <i>break things, smash windows, or damage or deface property</i> on purpose?.....	<input type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
4. How many times did your child <i>set a fire or throw things at people</i> in order to hurt them?.....	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
5. Other incidents involving property (Please describe):				

**Incidents Directed Toward Self:**

Category weight = 3

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>pick at or scratch his or her skin, pull out hair, or hit himself or herself</i> while upset or angry?.....	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9
2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor</i> ?.....	<input type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
3. How many times did your child <i>cut, bruise, or burn himself or herself</i> on purpose?.....	<input type="radio"/> 0	<input type="radio"/> 9	<input type="radio"/> 18	<input type="radio"/> 27
4. How many times did your child <i>severely injure himself or herself, or try to kill himself or herself</i> ?.....	<input type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):				

**Staff Use:**

VE.....

PH...

PR.....

SE.....

Total.....