4373263299	Cliff:P	Pretreatment -
STONY BROOK UNIVERSITY MEDICAL CENTER	Steppet Pharmacethea	py for Improved self-Control among Youth
A. Child's First Name:	B. Child's Last Name:	Staff Entries Site Project Participant 0,2
C. Your First Name:	D. Your Last Name:	<u>Visit Type</u> <u>Visit #</u>
E. Your Relationship to Child:	ther 🔿 Grandfather 🔿 Other	Month Day Year III / II / II

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 <u>PAST WEEK</u>.

	Verbal Incidents:	<u>0 - 1 times</u>	<u>2 - 4 times</u>	<u>5 or more times</u>
t = 1	or <i>insult people</i> but then stopped quickly?	O- <mark>0</mark>	O <mark>-1</mark>	2
weight	2. How many times did your child <i>shout angrily, curse,</i> or <i>insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?		@-2	
tegory	3. How many times did your child <i>shout angrily, curse,</i> or <i>insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?		0.<mark>3</mark>. .	
Ca	4. How many times did your child <i>threaten to hurt someone</i>	₽?	04	
	5. Other verbal incidents (Please describe):			

	Ir	cidents Toward Other People:	None	<u>1</u> -	2 time	<u>es 3</u>	- 4 times	<u>5 or</u>	more times
ight = 4		How many times did your child act like he/she was <i>about to hit</i> somebody or <i>took a swing at</i> <i>someone</i> without actually hitting another person?.	O.	0	0.4	<u>1</u>	• • - <u>8</u>		. 0 12
ry wer	Ζ.	How many times did your child <i>hit someone</i> with hands or an object, <i>kick</i> , <i>push</i> , <i>scratch</i> or <i>pull hair</i> , <u>without causing real injury</u> ?	O.	0		8	<u>16</u>		. <mark>24</mark>
Catego	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.)?	O.	0		2	O- <mark>24</mark>		
	4 .	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	0.1	<mark>6</mark>	() <mark>_ 32</mark>]	<u>48</u>
	5.	Other incidents toward other people (Please descr	ibe):						

Γ	4229263299 Site <u>S</u> <u>B</u> <u>K</u>	Project	<u>Visit_Type</u> <u>Visit_#</u>	<u>Month</u>	 	Y <u>ear</u> / _ _		S-P Page ect # I	2 of 2 nitials
	. How many tir	mes did yo	ng Property: ur child slam a door or knock something	None	<u>1 - 2 time</u>	<u>es 3-4</u>	times	<u>5 or mor</u>	<u>e times</u>

Category weight over in anger?..... U 2 4 2. How many times did your child throw things down, kick furniture, or otherwise misuse things angrily but did not break them?..... 3. How many times did your child break things, smash windows, or damage or deface property on purpose?..... 4. How many times did your child set a fire or **16** throw things at people in order to hurt them?...... 5. Other incidents involving property (Please describe):

Incidents Directed Toward Self:

- None 3 - 4 times 5 or more times 1 - 2 times 1. How many times did your child pick at or 3 Category weight = scratch his or her skin, pull out hair, or hit 3 6 9 himself or herself while upset or angry?..... 2. How many times did your child bang his or her head, hit his or her fists into the wall, 6 or throw himself or herself on the floor?..... 12 3. How many times did your child cut, bruise, 8 or *burn* himself or herself on purpose?..... 4. How many times did your child severely injure himself or herself, or try to kill 0 36 himself or herself?.....
 - 5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

Staff Use:	VE
	РН
	PR
	SE
Total.	