### 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:

1. How many times did your child *shout angrily, curse, or insult people* but then stopped quickly?
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?
3. 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?
4. How many times did your child *threaten to hurt someone*?
5. Other verbal incidents (Please describe):

#### Incidents Toward Other People:

1. 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?
2. How many times did your child *hit someone* with hands or an object, *kick, push, scratch or pull hair, without causing real injury*?
3. How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)?
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.)?
5. Other incidents toward other people (Please describe):
**Incidents Involving Property:**

1. How many times did your child *slam a door or cabinet, rip clothing, or knock something over* in anger?

   - None: 0
   - 1 - 2 times: 2
   - 3 - 4 times: 4
   - 5 or more times: 6

2. How many times did your child *throw things down, kick furniture, or otherwise misuse things angrily but did not break them*?

   - None: 0
   - 1 - 2 times: 4
   - 3 - 4 times: 8
   - 5 or more times: 12

3. How many times did your child *break things, smash windows, or damage or deface property on purpose*?

   - None: 0
   - 1 - 2 times: 6
   - 3 - 4 times: 12
   - 5 or more times: 18

4. How many times did your child *set a fire or throw things at people in order to hurt them*?

   - None: 0
   - 1 - 2 times: 8
   - 3 - 4 times: 16
   - 5 or more times: 24

5. Other incidents involving property (Please describe):

   

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**Incidents Directed Toward Self:**

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*?

   - None: 0
   - 1 - 2 times: 3
   - 3 - 4 times: 6
   - 5 or more times: 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*?

   - None: 0
   - 1 - 2 times: 6
   - 3 - 4 times: 12
   - 5 or more times: 18

3. How many times did your child *cut, bruise, or burn himself or herself on purpose*?

   - None: 0
   - 1 - 2 times: 9
   - 3 - 4 times: 18
   - 5 or more times: 27

4. How many times did your child *severely injure himself or herself, or try to kill himself or herself*?

   - None: 0
   - 1 - 2 times: 12
   - 3 - 4 times: 24
   - 5 or more times: 36

5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

   

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**Staff Use:**

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**Total**