4373263299

STONY BROOK UNIVERSITY MEDICAL CENTER

Project SPICY
Stepped Pharmacotherapy for Improved Self-Control among Youth

A. Child's First Name: Cliff

B. Child's Last Name:

C. Your First Name:

D. Your Last Name:

E. Your Relationship to Child:

◯ Mother ◯ Father ◯ Grandmother ◯ Grandfather ◯ Other

Staff Entries

Site: SBK | Project: 02 | Participant:

Visit Type: | Visit #:

Month: / Day: / Year:

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
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:

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

Site	Project	Visit Type	Visit #	Month	Day	Year	Subject #	Initials
SBK	02			/	/			

Incidents Involving Property:

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child *slam a door or cabinet*, *rip clothing*, or *knock something over* in anger?	○	○	●	○
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 *throw things at people* in order to hurt them?	●	○	○	○

5. Other incidents involving property (Please describe):

Incidents Directed Toward Self:

	None	1 - 2 times	3 - 4 times	5 or more times
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?	●	○	○	○
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?	●	○	○	○
3. How many times did your child *cut*, *bruise*, or *burn* himself or herself on purpose?	●	○	○	○
4. How many times did your child *severely injure* himself or herself, or *try to kill* himself or herself?	●	○	○	○

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

Staff Use:

VE.....	
PH....	
PR.....	
SE.....	
Total.....	