



A. Child's First Name:  C. Your First Name:  D. Your Last Name:  E. Your Relationship to Child:  Grandmother  Grandfather  Other	Staff Entries Site Project Participant S,B,K, 0,2  Visit Type Visit #  Month Day Year  I I / I I I I I I									
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 2 4 6 6									
episodes that lasted more than five minutes?	0 <del>8</del>									
Incidents Toward Other People:  None  1 - 2 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 - 4 times 5 or more times  12  16  24									
3. How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)?	24 36 36 48									

Γ	_	4229263299 <u>Site</u>   <u>S</u>   <u>B</u>   <u>K</u>	<u>Project</u>	<u>Visit Type</u> <u>Visit #</u>	Month [	Day Year       /	RMOAS-P - Subject #	
	<u>In</u>	ncidents I	nvolvin	g Property:	<u>None 1 -</u>	2 times 3	- 4 times 5	or more times
$Category\ weight = 2$	<ol> <li>3.</li> <li>4.</li> </ol>	cabinet, rip of over in ange How many tir down, kick futhings angrily How many tir smash windo property on p How many tir throw things	clothing, or her?  mes did you wirniture, or on the did not mes did you wis, or dame ourpose?  mes did you at people in	r child slam a door or knock something r child throw things otherwise misuse threak them?		2 4 -6 -8	-0.4 -0.8 -0.12 -0.16	6 12 18 24
ght = 3	1.	How many tin scratch his o himself or he	mes did you or her skin, <i>p</i> erself while o	Toward Self:  or child pick at or  oull out hair, or hit  upset or angry?	None 1 -	2 times 3 ·	- 4 times 5	or more times
tegory weig		her head, hit or throw him. How many tir	his or her f self or herse mes did you	r child <i>bang his or</i> ists into the wall, elf on the floor? r child <i>cut</i> , <i>bruise</i> , If on purpose?		6 <u>9</u>	- 12	
<u>C</u>		injure himsel himself or he	f or herself, erself?	r child severely or try to kill your child acted harmfu	0	elf or herself (F	- <mark>24</mark>	<mark>36</mark> e):
						Stat	ff Use:  VE  PH  PR  SE	