



A. Child's First Name:

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B. Child's Last Name:

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C. Your First Name:

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D. Your Last Name:

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E. Your Relationship to Child:

- Mother
 Father
 Grandmother
 Grandfather
 Other

Staff Entries

Site	Project	Participant
S, B, K	0, 2	
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

Category weight = 1

- | | | | |
|---|-----|-----|-----|
| | ○ 0 | ○ 1 | ○ 2 |
| 1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?..... | 0 | 1 | 2 |
| 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> ?..... | 0 | 2 | 4 |
| 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> ?..... | 0 | 3 | 6 |
| 4. How many times did your child <i>threaten to hurt someone</i> ?..... | 0 | 4 | 8 |
| 5. Other verbal incidents (Please describe): | | | |

Incidents Toward Other People:

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

Category weight = 4

- | | | | | |
|--|-----|-----|-----|------|
| | ○ 0 | ○ 4 | ○ 8 | ○ 12 |
| 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?.... | 0 | 4 | 8 | 12 |
| 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> ?..... | 0 | 8 | 16 | 24 |
| 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.)?..... | 0 | 12 | 24 | 36 |
| 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.)?..... | 0 | 16 | 32 | 48 |
| 5. Other incidents toward other people (Please describe): | | | | |

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