

Motivation Assessment Scale

By V. Mark Durand and Daniel Crimmins

Name _____

Today's Date ___/___/___

Rater _____

Behavior Description _____

Setting Description _____

GENERAL INSTRUCTIONS

Name: Enter the name of the individual with the problem behavior.

Rater: Enter the name of the person filling out the scale or being interviewed.

Behavior Description:

Enter a *specific* behavior (e.g., hits his head) rather than a more general description of the individual's behavior (e.g., he gets upset).

Setting Description:

Specify the situation where the behavior is a problem (e.g., at home after dinner, during lunch, during one-on-one teaching).

INSTRUCTIONS TO RATERS

Rate each of the 16 items on the following two pages by circling the number that corresponds to about how often the individual engages in the behavior indicated, in the setting which has been selected.

ITEM

RESPONSE

- | | Never | Almost
Never | Seldom | Half the
Time | Usually | Almost
Always | Always |
|---|-------|-----------------|--------|------------------|---------|------------------|--------|
| 1. Would the behavior occur continuously, over and over, if this person was left alone for long periods of time? (For example, several hours.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does the behavior occur following a request to perform a difficult task? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does the behavior seem to occur in response to your talking to other persons in the room? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does the behavior ever occur to get a toy, food or activity that this person has been told that he or she can't have? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Would the behavior occur repeatedly, in the same way, for very long periods of time, if no one was around? (For example, rocking back and forth for over an hour.) | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Does the behavior occur when any request is made of this person? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Does the behavior occur whenever you stop attending to this person? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Does the behavior occur when you take away a favorite toy, food, or activity? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Motivation Assessment Scale

ITEM

RESPONSE

9. Does it appear to you that this person enjoys performing the behavior? (It feels, tastes, looks, smells and/or sounds pleasing.)

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him or her to do what you ask?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him or her? (For example, if you are sitting in a separate room, interacting with another person.)

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

12. Does the behavior stop occurring shortly after you give this person the toy, food or activity he or she has requested?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

13. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

14. Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands of this person?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

15. Does this person seem to do the behavior to get you to spend some time with him or her?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16. Does this behavior seem to occur when this person has been told that he or she can't do something he or she had wanted to do?

Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

SCORING

Transfer the numeric **Response** for each **Item** to the blanks below. Scores are organized into columns by type of motivation. Total each column of numbers (**Total Score**) and calculate the **Mean Score** (**Total Score** divided by 4) for each motivation. Determine the **Relative Ranking** for each motivation by assigning the number "1" to the motivation with the highest **Mean Score**, "2" to the motivation with the second-highest **Mean Score**, and so forth.

Sensory	Escape	Attention	Tangible
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____

Total Score = _____

Mean Score = _____

Relative Ranking = _____