

MOTIVATION ASSESSMENT SCALE

Name _____ Rater _____ Date _____

Behavior Description _____

Setting Description _____

Instructions: The Motivation Assessment Scale is a questionnaire designed to identify those situations in which an individual is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reinforcers and treatments. To complete the Motivation Assessment Scale, select one behavior that is of particular interest. It is important that you identify the behavior very specifically. Aggression, for example, is not as good as a description as hits his sister. Once you have specified the behavior to be rated, read each question carefully and circle the number that best describes your observation of this behavior.

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

1. Would the behavior occur continuously, if this person were 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 another person 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 were 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
9. Does it appear to you that this person enjoys performing the behavior? (It feels, tastes, looks, smells, and sounds pleasing.)	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?	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?	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?	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?	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?	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?	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?	0	1	2	3	4	5	6

Scoring Sheet

	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				

INSTRUCTIONS FOR USING THE MOTIVATION ASSESSMENT SCALE

Person filling out the form had to be familiar with the individual who has the behavior challenge. To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or make use feel. To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents. To identify those situations in which an individual is likely to behave in certain ways for example, placing work demands often leads to head banging. OUTCOMES: To assist in the identification of the motivation(s) of a specific behavior. From: Duran, V.M. & Crimmins, D.B. (1988). Identifying the variables maintaining self-injurious behavior. *Journal of Autism and Developmental Disorders*, 18, 99-117. Adapted by J.M. Cafiero