

Motivation Assessment Scale

1956 V. Mark Durand, Ph.D.

DATE COMPLETED: _____

NAME:	_____	DATE OF BIRTH:	_____
MEDICAID #:	_____	ISP DATES:	_____
ADDRESS:	_____		
PHONE:	_____	EMAIL:	_____
DIAGNOSIS (ICD 10):	_____		

DETAILED BEHAVIOR DESCRIPTION

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SETTING DESCRIPTION

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

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 MAS, select one behavior that is of particular interest. It is important that you identify the behavior very specifically. "Aggressive", for example, is not as good a description as "hits his sister". Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

Question	Answer
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 you 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 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/or 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 the 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

TO BE COMPLETED BY MAKING STRIDES UPON COMPLETION

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
Total Score= Mean				
Score= <i>(divide the total score by 4)</i>				
Relative Ranking <i>(high score to low score)</i>				

If there is a tie for the highest score or if the means of the top two categories are within .25 to .50 points (and you have clearly specified the behavior and setting), then both are considered as influences that may be causing the problem behavior to continue.



Motivation Assessment Scale (MAS) – Determine primary root of the problem and if Sensory, Behavioral or BOTH

Primary:	
Secondary:	

RESULTS: