

Motivation Assessment Scale II

Test Version – 2.0

Name: _____ Age: _____

Rater: _____ Today's Date: _____

Behavior Description:

Setting Description:

Frequency Description (circle only one): More than once per;

Year

Month

Week

Day

Hour

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 items on the following 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.

Motivation Assessment Scale II

Test Version – 2.0

Item	Response						
1. Would the behavior occur continuously, over and over, if this person was left alone for long periods of time? (For example, several hours.)	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
2. Does the behavior occur following a request to perform a difficult task?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
3. Does this behavior occur when others are attending to him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
4. Does the behavior occur in response to your talking to other persons in the room?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
5. 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?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
6. 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)	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
7. Does the behavior occur when any request is made of this person?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
8. Does the behavior occur when there are many people around?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
9. Does the behavior occur whenever you stop paying attention to this person?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
10. Does the behavior occur when you take away a favorite toy, food, or activity?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
11. Does it appear to you that this person enjoys performing the behavior? (It feels, tastes, looks, smells, and/or sounds pleasing)	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
12. Does the 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 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
13. Does the behavior stop occurring when he or she is left alone?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>

Item	Response						
14. Does this person seem to do this 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 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
15. Does the behavior stop occurring shortly after you give this person the toy, food, or activity he or she has requested?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
16. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
17. Does this person seem to do the behavior to get people to stop paying attention to him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
18. 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?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
19. Does this person ignore others when engaging in this behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
20. Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands of this person?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
21. Do others try and prevent this behavior by not attending to him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
22. Does this person seem to do the behavior to get you to spend some time with him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
23. Does this person always have access to a particular toy, food, item or activity in an effort to avoid this behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
24. Does it seem that this behavior occurs most often during "down time", when there isn't much activity going on in the classroom/work setting?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
25. Is this person not asked to do certain tasks because of this behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
26. Do others try and "prevent" this behavior by talking to or paying attention to him/her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
27. Does this behavior occur when he or she seems bored?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
28. Does the behavior allow the person to "get out of" doing what you ask of him/her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>

Item	Response						
29. Does this person spend much time alone, in an effort by others to stop this behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
30. Does this person always seem to have one-on-one attention from others in an effort to prevent this behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
31. Would this behavior occur if he or she was denied access to something he/she wanted?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
32. Does engaging in this behavior seem to make him or her happy, content, or less frustrated?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
33. Does the behavior seem to occur most often when others try to interact with him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
34. Does the presence of other people make this behavior less likely to occur?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
35. Would giving him or her a favorite object, food or other item stop the behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
36. Are requests not made of this person for fear they will engage in the behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
37. Does this person seem to enjoy his or her time alone?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
38. Does this behavior occur when everyone seems to be busy and not able to attend to him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
39. Do others try and "prevent" this behavior by giving him or her something to do, eat or play with?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
40. Would the behavior occur continuously, over and over, if this person was in an unstructured setting (i.e., no demands, little attention) for long periods of time? (For example, several hours)	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
41. Does it seem that this behavior occurs most often during group activities?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
42. Would the behavior occur repeatedly, in the same way, for very long periods of time? (For example, rocking back and forth for over an hour)	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
43. Does the person seem to do the behavior to upset or annoy you when you are interacting with him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>

Item	Response						
44. Does this person seem to like having other people around him or her?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
45. Does saying "no" to a request start to make him or her upset?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
46. Does this behavior occur when he or she is expected to work independently?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
47. Does it seem this behavior most often occurs during instructional periods?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
48. Does the behavior stop occurring shortly after (one to five minutes) you leave him or her alone?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
49. Does the behavior stop when you pay attention to this person	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
50. Does the behavior occur when you indicate that it is time to move to a new activity?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
51. Does this person seem "driven" to complete the behavior?	Never 0	Almost Never 1	Seldom 2 <input type="checkbox"/>	Half the Time 3 <input type="checkbox"/>	Usually 4 <input type="checkbox"/>	Almost Always 5 <input type="checkbox"/>	Always 6 <input type="checkbox"/>

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) and calculate the Mean (Total divided by the number of questions in that column) for each motivation. Determine the 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 Demands	Escape Attention	Attention	Tangible
1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	20.	17.	22.	18.
19.	25.	21.	26.	23.
24.	28.	29.	30.	31.
27.	36.	33.	34.	35.
32.	47.	37.	38.	39.
40.		41.	44.	45.
42.		43.	49.	50.
46.		48.		
51.				

	Sensory	Escape Demands	Escape Attention	Attention	Tangible
Total					
Mean					
Rank					