MOTIVATION ASSESSMENT SCALE

Name: _____ **Rater:** _____

Date: _____ dd / mm / yyyy

Description of Behavior (be specific):

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." 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.

1. Would the behavior occur continuously if this person was left alone for long periods of time?

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

2. Does the behavior occur following a request to perform a difficult task?

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

3. Does the behavior seem to occur in response to your talking to other persons in the room/area?

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

4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't have?

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

5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)

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

6. Does the behavior occur when any request is made of this person?

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

7. Does the behavior occur whenever you stop attending to this person?

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

8. Does the behavior occur when you take away a favorite food, toy or activity?

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

9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).

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

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

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

11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)

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

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

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

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

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

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

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

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

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

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

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

Scoring Grid: Sensory 1, 5, 9, 13 | Escape 2, 6, 10, 14 | Attention 3, 7, 11, 15 | Tangible 4, 8, 12, 16

Sensory Total Score: _____

Escape Total Score: _____

Attention Total Score: _____

Tangible Total Score: _____

Sensory Mean Score: _____

Escape Mean Score: _____

Attention Mean Score: _____

Tangible Mean Score: _____

Sensory Relative Ranking: _____

Escape Relative Ranking: _____

Attention Relative Ranking: _____

Tangible Relative Ranking: _____