

## MOTIVATION ASSESSMENT SCALE

Name: \_\_\_\_\_ Rater: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

| <b>Questions</b>   | Never<br>0 | Almost<br>Never<br>1 | Seldom<br>2 | Half the<br>Time<br>3 | Usually<br>4 | Almost<br>Always<br>5 | Always<br>6 |
|--|------------|----------------------|-------------|-----------------------|--------------|-----------------------|-------------|
| 1. Would the behavior occur continuously if this person was left alone for long periods of time?   |            |                      |             |                       |              |                       |             |
| 2. Does the behavior occur following a request to perform a difficult task?  |            |                      |             |                       |              |                       |             |
| 3. Does the behavior seem to occur in response to your talking to other persons in the room/area?  |            |                      |             |                       |              |                       |             |
| 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?                                       |            |                      |             |                       |              |                       |             |
| 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.) |            |                      |             |                       |              |                       |             |
| 6. Does the behavior occur when any request is made of this person?  |            |                      |             |                       |              |                       |             |
| 7. Does the behavior occur whenever you stop attending to this person?   |            |                      |             |                       |              |                       |             |
| 8. Does the behavior occur when you take away a favorite food, toy or activity?  |            |                      |             |                       |              |                       |             |
| 9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).                                    |            |                      |             |                       |              |                       |             |
| 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?                                  |            |                      |             |                       |              |                       |             |
| <i>Go to next page</i>   |            |                      |             |                       |              |                       |             |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 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) |  |  |  |  |  |  |  |
| 12. Does the behavior stop occurring shortly after you give the person food, toy, or requested activity?   |  |  |  |  |  |  |  |
| 13. When the behavior is occurring does this person seem calm and unaware of anything else going on around her/him?  |  |  |  |  |  |  |  |
| 14. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this person?   |  |  |  |  |  |  |  |
| 15. Does this person seem to do the behavior to get you to spend some time with her/him?   |  |  |  |  |  |  |  |
| 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?   |  |  |  |  |  |  |  |

 **STOP here. Do NOT score.** 

|                           | Sensory | Escape | Attention | Tangible |
|---------------------------|---------|--------|-----------|----------|
|                           | 1.      | 2.     | 3.        | 4.       |
|                           | 5.      | 6.     | 7.        | 8.       |
|                           | 9.      | 10.    | 11.       | 12.      |
|                           | 13.     | 14.    | 15.       | 16.      |
| <b>Total Score =</b>      |         |        |           |          |
| <b>Mean Score =</b>       |         |        |           |          |
| <b>Relative Ranking =</b> |         |        |           |          |

**Motivation Assessment Scale: Functions for usage**

- To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us 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 (e.g., requests for change in routine or environment lead to biting).

**Outcomes:**

- To assist in the identification of the motivation(s) of a specified behavior.
- To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.

**Note:** Like any assessment tool, the MAS should be used in an on-going continually developing mode.