

Behaviour Recording Chart

Behaviour Motivation Scale



Instructions: Please print form and send back via post to Andrea Holmes, Learning Disability Nurse, NHS Shetland, Grantfield, Lerwick, ZE1 0NT

Select One behaviour and identify it very specifically. 'Aggressive' for example is not as good a description as 'hits his Carer'.

Then read each question carefully and input the rating that best describes your observation of this behaviour.

(from the drop down list if completing electronically, or number 0 to 6 if completing hard copy)

Date:					
Patient:		DOB:		Location:	
Completed By:		Relationship to Patient			
Behaviour:					

Ratings		Rating
0 - Never 1 - Almost Never 2 - Seldom 3 - Half the time 4 - Usually 5 - Almost Always 6 - Always		
Q1:	Would the behaviour occur continuously, over and over, if the person was left alone for long periods of time? (for example, several hours)	
Q2:	Does the Behaviour Occur following a request to perform a difficult task?	
Q3:	Does the behaviour seem to occur in response to your talking to other people in the room?	
Q4:	Does the behaviour seem to occur to get a toy / food / activity that this person has been told he / she cant have?	
Q5:	Would the behaviour occur repeatedly, in the same way for very long periods of time, if no one was around? (for example rocking backwards and forwards for over an hour)	
Q6:	Does the behaviour occur when ANY request is made of this person?	
Q7:	Does the behaviour occur when ever you stop attending to this person?	
Q8:	Does this behaviour occur when you take away a favourite toy / food / activity?	
Q9:	Does it appear to you that this person enjoys performing the behaviour? feels, tastes, looks, smells and/or sounds appealing	(It
Q10:	Does this person seem to carry out this behaviour to annoy you when you are trying to get him / her to do as you ask?	
Q11:	Does this person seem to carry out this behaviour to annoy you when you are not paying attention to him / her? (For example if you are sitting in a separate room, interacting with another person)	
Q12:	Does this behaviour stop occurring shortly after you have given this person the toy / food / activity that he / she has requested?	
Q13:	When the Behaviour is occurring, does this person seem calm and unaware of anything else going on around them?	
Q14:	Does the behaviour stop occurring shortly after (1 - 5 minutes) you stop working or making demands of this person?	
Q15:	Does this person seem to carry out this behaviour to get you to spend more time with him / her?	
Q16:	Does this behaviour seem to occur when this person has been told that he / she can't do something that he / she wants to do?	

Admin Only

Score					Total	Total					
Sensory	Q1:	Q5:	Q9:	Q13:		Attention	Q3:	Q7:	Q11:	Q15:	
Escape	Q2:	Q6:	Q10:	Q14:		Tangible	Q4:	Q8:	Q12:	Q16:	