

SOCIAL BEHAVIORAL SCALE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

DATE _____

ALL INFORMATION SHOULD REFLECT WHAT HAS HAPPENED SINCE THE LAST CLINIC VISIT (OR LAST 3 MONTHS)

Individual's name _____ Person providing information _____

Grade / I quotient / IQ/ID _____

I have worked with this client: () 1-3mos. () 3-6mos. () 6-9mos. () 9-12mos. () 1yr or more

RATING SCALE (each behavior has been observed)

1 = (about) less than usual 2 = less than usual 3 = about the usual 4 = more than usual 5 = (about) more than usual

BEHAVIOR Data collection/behavior management program is designed to address:

Target behavior #1 _____ Target behavior #2 _____

I believe target behavior 1 is: 1 2 3 4 5 I believe target behavior 2 is: 1 2 3 4 5

VERBAL SKILLS/COMMUNICATION

1 Aggressive	1 2 3 4 5	8 Specific threats	1 2 3 4 5	9 Not for hallucinations	1 2 3 4 5
2 Provoked	1 2 3 4 5	9 Vague threats	1 2 3 4 5	10 Obscene/insulting abuse	1 2 3 4 5
3 Demanded	1 2 3 4 5	7 Covert of self	1 2 3 4 5	11 Appropriate	1 2 3 4 5
4 Sued	1 2 3 4 5	8 Repeats over & over	1 2 3 4 5	12 DOES NOT VERBALIZE	()

Methods of communication (verbal - signing - gesturing) if no matter what the content has () increased () decreased () stayed about the same

EMOTIONAL/MOOD STATUS General Mood has been:

1 up/down (stable)	1 2 3 4 5	8 up/down	1 2 3 4 5	11 explicitly stated	1 2 3 4 5
2 cheerful	1 2 3 4 5	7 anxious	1 2 3 4 5	12 appropriate	1 2 3 4 5
3 fearful	1 2 3 4 5	8 angry	1 2 3 4 5	13 other _____	1 2 3 4 5
4 withdrawn	1 2 3 4 5	9 unstable	1 2 3 4 5	14 other _____	1 2 3 4 5
5 flat/no expression	1 2 3 4 5	10 calm	1 2 3 4 5	15 other _____	1 2 3 4 5

ENVIRONMENTAL CHANGES 1 2 3 4 5

(New job, moves, new supervisor, new staff, increase/decrease demands, new program, etc.)

Comments/Explanation: _____

ENERGY LEVEL: AM 1 2 3 4 5 PM 1 2 3 4 5**ATTENTION span** (during on task) AM 1 2 3 4 5 PM 1 2 3 4 5**APPETITE:** (during on task) Breakfast 1 2 3 4 5 Lunch 1 2 3 4 5 Dinner 1 2 3 4 5**SLEEP:** 1 2 3 4 5 Average hrs sleep per night _____**PSYCHOTIC INDEX**

1 hallucinations	1 2 3 4 5	6 feeling out of control	1 2 3 4 5	11 explicitly stated	1 2 3 4 5
2 talking to imaginary	1 2 3 4 5	7 excessive staring	1 2 3 4 5	12 appropriate	1 2 3 4 5
3 paranoid	1 2 3 4 5	8 catatonic	1 2 3 4 5	13 other _____	1 2 3 4 5
4 withdrawn	1 2 3 4 5	9 self talk positive/negative	1 2 3 4 5	14 other _____	1 2 3 4 5
5 extreme mood shift	1 2 3 4 5	10 unresponsive	1 2 3 4 5	15 other _____	1 2 3 4 5

OTHER comments/observations - what you believe is important, dramatic changes (if what), use other side if needed