

Patient Name:	Birthdate:
Evaluator Name:	Evaluation Date:

Instructions: For each of the behaviours below, please choose a rating from the dropdown list preceding the behaviour description that best reflects the weekly frequency of the behaviour.

CMAI Rating:

1 = Never **2** = Less than once a week **3** = Once or twice a week **4** = Several times a week
5 = Once or twice a day **6** = Several times a day **7** = Several times an hour.

Physical Aggression

Hitting (including self)	Scratching
Kicking	Spitting
Grabbing onto people	Hurting self or others
Pushing	Tearing things or destroying property
Throwing objects	Making physical sexual advances
Biting	

Physical Non-Aggression

Pacing, aimless wandering	Handling things inappropriately
Inappropriate dressing/disrobing	Hiding objects
Trying to get to different places	Hoarding objects
Intentional falling	Perfoming repetitive actions/mannerisms
Eating/drinking inappropriate substances	General Restlessness

Verbal Aggression

Verbal Non-Aggression

Screaming	Repetitive sentences or questions
Making verbal sexual advances	Strange noises (weird laughing/crying)
Cursing or verbal aggression	Complaining
	Negativism
	Constant unwarranted requests for attention

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