Defining Behaviors found on the frequency sheet

Elopement- leaving the work area or assigned area without permission, as a means to escape a demand or to move to a more desired area.

Kicking- purposefully kicking a person with intent to harm or inflict pain. Purposefully kicking of an **object with intent to damage/destroy** or provoke social attention for the behavior.

Biting- purposefully closing down on ones belongings or another's belongings or body as a means to inflict pain or satisfy a sensory need. Biting oneself does not fall under this category, as that is a self-injurious behavior.

Hitting- to purposefully and forcefully place hand on another person's body with intent to harm or inflict pain.

Tantrum- yelling, crying, and screaming accompanied with other behaviors including but not limited to kicking, hitting, dropping to the floor, lying on the floor, throwing of items resulting in disturbing those around them and/or property destruction. It is a combination of behaviors that result from one being upset. This behavior must be noted on an ABC log if it lasts over 2 minutes in duration.

Yelling-vocalizations that are both meaningful and not meaningful emitted as a means to notify others of displeasure or to gain social attention. If it is not attention seeking, then it must go under stim.

SIB- Self- injurious behavior. Injuring oneself. This can be seen in many forms, not limited to biting oneself, banging head against objects, hitting self with objects, pinching oneself, picking ones skin, cutting self with an object. This does not include an accidental injury such as falling, slipping while using a scissor or knife. Self- injurious behaviors are not accidents! They are usually not isolated incidents. The function of the behavior can be varied.

Hair pulling- purposefully grabbing or grasping another person's hair.

Noncompliance- refusal to follow instructions. Choosing to not follow instructions. This means that the student understands the expectation, yet opts no not to satisfy the requirement.

Self-Stimulation- participating in a repetitive activity or body movement because it feels good or is soothing. These are behaviors that one does to himself. Thumb sucking, masturbation, rocking, spinning, hand flapping, rubbing, sucking, spinning, are all behaviors that can fall under this category.

Grabbing- reaching toward person or objects, as a means to touch or successfully gain possession of a desired item. This can be inappropriate reaching toward or touching of a person's body parts. This can be the swiping of items that one was told to not access.

Pinching- forcefully and purposefully, squeezing ones skin between two fingers.

Redirects- stops a behavior and returns to required task upon one verbal instruction, a single instruction, to do so. This means you only say it once.

Other- any behavior worthy of being noted as it impedes ones education, is socially inappropriate, or dangerous. Please label what it is. Ex. INTERVENE- a case where an adult needs to remove a student from a situation/ room when mainstreaming was occurring. Support was given during time where independent function was the goal.

- This does not include accidental behavior. Only purposeful!
- If a behaviors are not frequent, use one row a day. If there are no behaviors occurring very
 frequently, break the form into blocks, periods of the day, or activities so that we can see
 more detailed information. If no behaviors, simply put a date for the day and leave the rest
 blank, but do not skip the day. We need to show when no target behaviors are occurring.
- This is required for all students in an Autism class rooms. Any person that has a one to one, personal aide must have this as well.

Data Requirement

- 1) Frequency data- collect the number of times that a behavior occurs. Tally marks are suitable. Any behavior that is extreme or lasting more than 2 minutes, ABC data must be recorded as well. See below, number 2.
- 2) ABC- Antecedent, Behavior,
 Consequence. What happened before
 the behavior? What was the student
 doing before the behavior? Behavior
 reports what you saw. Behavior reports
 what the student did. ConsequenceWhat happened as a result of the
 behavior? What did the teacher or
 authority figure do. This is for extreme

behavior or any episode lasting over 2 minutes.

- 3) Independent Functioning list- This is a yes/no sheet used for students who have a one to one or who are mainstreamed. Use the rating scale for question 10. Use one per day for specials and one weekly for tasks in the classroom.
- 4) A reinforcement form -it shows what your classroom or individual reinforcement system is. Update as needed
- 5) Use bar graph to record number of opportunities earned. Number of

opportunities reinforcement could have been earned. What percentage of opportunities is reinforcement being earned? How often does the student contact reinforcement?

- 6) Self- Monitoring- Use to assist students in keeping track of "doing the right thing" making a good choice.
- 7) You received a best practice hand out along with an explanation of terms to assist with completion of these forms. This must be collected for all self-contained students or students with a one to one.

CURRENT PROGRAM TARGETS

Student:	
Program	

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Program Modification Sheet

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GROUP ACTIVITY

Name of Student: Activity: Date:

TARGET BEHAVIORS				e	Tally Mar	ks		
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	10. Y	N	20. Y	M	30. Y	M	40. Y N	
Responds to a direction posed to the group-the child responds to a question asked by a staff member to the group of which the student is part of (e.g. everybody stand up, if you are wearing green raise your hand)		réwnići	es:					
stand up, if you are wearing green raise your hand)	Resp	onses:			_		• . • •	
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Responds to a direction posed to the individual- the	Oppo	rtunit	ies:				•	
child responds to a question asked by a staff member to			,				•	
the child him/herself (e.g. Michael, what day of the			• • • •					
week is it)	Resp	onses:						
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Daily Communication Sheet (3 copies, mom, CST, teacher)

Fun Fact (of the Day: Guess what ald today?
	e: ate none of her lunch, ate some of her lunch, ate er lunch, finished lunch.
Self-Help accident	/life skills: no accidents/ urination accident/bowel Other:
redirection	compliancy: needed constant, maximum on/moderate redirection/minor redirection/ment system only
Mood/A	ffect: happy, silly, energetic, lethargic, sad, irritable
Please se	end in the following items:
I'd like to	bring to your attention:
Date:	Teacher Initial

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Child's Name:		
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Frequency Data

Student	Class
Target Behavior(s)	
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	"School closed," or "No behaviors" for days on which no data

Time	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
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REINFORCEMENT PROTOCOL

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Independent functioning and Peer Interaction data

- 1. Did Learner initiate age appropriate social conversation?
- 2. Did Learner appropriately join in age appropriate conversation?
- 3. Did Learner appropriately respond to comments directed toward him by peer?
- 4. Did Learner appropriately respond to comments directed toward him by classroom teacher?
- 5. Did Learner follow instructions comparatively to peers?
- 6. Did Learner need assistance similar to same age peers?
- 7. Did Learner engage in any maladaptive or socially inappropriate behavior? If so, list frequency.
- 8. Did Learner share comparatively to peers?
- 9. Did Learner remain on task or in required area comparatively to peers?
- 10. Overall Rating (See Rating Scale on back)

Answer yes, no
Put sheet in book
Be sure to use rating scale for question #10
Use tally behavior data
Please date and initial

DATA SHEET

Child's Name:

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Initials ٠. Consequence Dates of Observation Behavior ABC Data Class Antecedent Start & End Time Target Behavior Student Date

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le One: Acquisition

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		Period 9	Period ®	Period 7	() () () () () () () () () ()		Period 5	Period 4	Period 3	Period 2	Pe 7:00	Student:	School
												Monday	ASSIGNMENT
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												Thursday	ASSIGNMENT
												Friday	LOCATION AND ASSIGNMENT

Program:

Chaining Data Sheet

Worth:

Name:	
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Time Interval Data

Date:	

Time	Activity	Target	Time	Activity	Target
9:00-9:05			12:00-12:05	,	
9:05-9:10	•	-	12:05-12:10		
9:10-9:15	,		12:10-12:15		
9:15-9:20			12:15-12:20		
9:20-9:25			12:20-12:25		
9:25-9:30			12:25-12:30		
9:30-9:35			12:30-12:35		
9:35-9:40			12:35-12:40		
9:40-9:45			12:40-12:45		
9:45-9:50			12:45-12:50		
9:50-9:55			12:50-12:55		
9:55-10:00			12:55-1:00		
10:00-10:05			1:00-1:05		
10:05-10:10			1:05-1:10		
10:10-10:15			1:10-1:15		
10:15-10:20			1:15-1:20		
10:20-10:25			1:20-1:25		
10:25-10:30	9		1:25-1:30		
10:30-10:35			1:30-1:35	***************************************	
10:35-10:40	,		1:35-1:40		
10:40-10:45			1:40-1:45		
10:45-10:50			1:45-1:50	**************************************	
10:50-10:55			1:50-1:55		
10:55-11:00			1:55-2:00		
11:00-11:05			2:00-2:05		
11:05-11:10			2:05-2:10		
11:10-11:15	-		2:10-2:15		
11:15-11:20			2:15-2:20		
11:20-11:25			2:20-2:25		
11:25-11:30			2:25-2:30		
11:30-11:35			2:30-2:35		
11:35-11:40			2:35-2:40	A	
11:40-11:45			2:40-2:45		
11:45-11:50			2:45-2:50		
11:50-11:55			2:50-2:55		
11:55-12:00			2:55-3:00	THE REAL PROPERTY OF THE PROPE	
			3:00-3:05		
			3:05-3:10		
			3:10-3:15		

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Target Behavior: Partial interval data collection: Does the behavior occur part of the time.

Does the learner need assistance greater than his peers during this time interval to work productively? This includes assistance with organization, attending to task, utilizing classroom strategies and tools, and monitoring work for accuracy. Only write yes if his needs are greater than his peers. Fill one box per 20 minutes of the day.

D	ay	1

Date:

1	2	3	4	
		EMPORTS CONTROL OF THE CONTROL OF TH	0	
5	6	/	8	

Day 2

Date:

	2	3	4
5	6	7	8

Day 3

Date:

	2	3	4
5	6	7	8
1 -			

Day 4

Date:

1	2	3	4
5	6	7	8

Parent Contact L

Teacher * Type of Contact: P=Phone; L=Letter; PC=Parent Conference

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														Reason	
											7			Result	

Compliancy Drills

Learner will be transition 5 times per session from preferred to a lesser preferred activity. Sd: Clean up time for
Learner will be denied access 5 times per session and offered an alternative activity. Sd: You cannot have but you can
Learner will remain in designated area for a period of up to 5 minutes
Sd: You need to sit here or You need to wait here
Learner will have to give up reinforce to therapist 5 times per session and wait up to 45 seconds for his turn Sd: my turn
Learner will have to carry out 5 routine or life skills activities per session Sd: Time to

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Life Skill Detail:

Target Activity:		·
Location of Activity:		
Description of Activity:		
		1
Modification/Specific Instructions:	: : :	No. Sol.
Target Skills:		
1)		
2)		
3)		
4)		

Life Skills Goal

Behavior for Increase:	
Behavior for decrease:	
Mastery Criteria:	
Strategies:	

Aby Data

Student Target Behavior_ Date Start & End Time Antecedent Class Behavior Dates of Observation Consequence .. >1 Initials

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Antececent	Behavior			Consequence	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complinac	e	Denied Access	
limited access to item/person	Tantrum	Hair Pull		Attention	
Told no Other:	Elope	Bite		Denied Attention	
Planned Ignoring	Yelling	nc		Redirected '	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complinac	e	Denied Access	
limited access to item/person	Tantrum	Hair Pull		Attention	
Told no Other:	Elope	Bite		Denied Attention	
Planned Ignoring	Yelling	ng nc Rec		Redirected	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complinad	ie .	Denied Access	
limited access to item/person	Tantrum	Hair Pull		Attention	
Told no Other:	Elope	Bite		Denied Attention	
Planned Ignoring	Yelling	nc		Redirected	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complina	ce	Denied Access	
limited access to item/person	Täntrum	Hair Pull		Attention	,
Told no Other:	Elope	Bite		Denied Attention	
Planned Ignoring	Yelling	nc		Redirected	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complina	ce	Denied Access	
limited access to item/person	Tantrum	Hair Pull		Attention	
Told no Other:	Elope	Bite		Denied Attention	
Planned Ignoring	Yelling	nc		Redirected	
peer provoke	Kick	Grabbing	pinch	Escape	Other:
limited access to item	Hit	Elopment	masturbation	Denied Escape	
adult not giving attention	Pinch	Hitting	other:	Gained access	
transition from preferred activity	SIB	Non complina		Denied Access	
limited access to item/person	Tantrum	Hair Pull		Attention	
Told no Other:	Elope	Bite		Denied Attention	
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MOTIVATION ASSESSMENT SCALE

	Rat	er:			Da	ite:	nuclai popularia numeri del della
ne:							
scription of Behavior (be specific)	*		the analysis is the supremative and assume the proper assume the supremative and the s	Annual Olivery Communication (Company) and Company of C	especialistic Appearance to the effect of the original test of the second		
						And the control of th	
ructors: The MAS is a questionnaire designation more in	and to ide	ntify those :	situations w	here an indiv	idual is like	ly to behav	e in
ructors: The MAS is a questionnaire designific ways. From this information, more in	formed de	cisions can	be made ab	out the selec	tions of app	ropriate	rior For
lacement behaviors. To complete the MAS ample "is aggressive" is not as good a description aggressive.	ription as "	hits other p	eople." Un	ce you nave	rations of th	is behavior	
nacement behaviors. To complete management behaviors.	the one nu	mber that b	est describe	S your occor.			
		Almost		Half the	Usually	Almost Always	Always
	Never	Never	Seldom	Time	4	5	. 6
Questions	0	1	2	3			
1. Would the behavior occur						1	
continuously if this person was							
left alone for long periods of							
time?							
2. Does the behavior occur				1			
following a request to perform a							
difficult tack?							
3. Does the behavior seem to occur in response to your talking to							
other persons in the room/area?							
1 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	d						
forth for over an hour.) 6. Does the behavior occur when an	ייי						
6. Does the behavior occur when an request is made of this person?							
7 Does the behavior occur							
whenever you stop attending to							
this nerson?							
8. Does the behavior occur when	OV						
you take away a favorite food, t	~ J						-
or activity? 9. Does it appear to you that the							
person enjoys doing the behavior	or?						
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(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?

Go to next page

11. Does this person seem to do the						
		and the second s				
are not paying attention					and the second s	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
another room or interacting with						
d- or marcon)						
the behavior stop occurring						
1 11- offer troll blue the border	*					
or reguested activity.						
the hehavior is occurring						
	l					
unaware of anything else gomb						
and her/him/						
14. Does the behavior stop occurring						
1 II after (One II) IIVE IIIII acces			1			
rion stop working Willi of Illaking				-		
demands of this person?					\	
15. Does this person seem to do the						
behavior to get you to spend some						1
time with her/him? 16. Does the behavior seem to occur		}	1			
when this person has been told						
when this person has even that he/she can't do something						
he/she had wanted to do?						
ne/she had wex-						

	Sensory	Escape	Attention 3.	Tangible 4.
	1. 5. 9.	2. 6. 10.	7. 11. 15.	8. 12. 16.
Total Score = Mean Score = Relative Ranking =				

Motivation Assessment Scale: Functions for usage

- To direct our understanding of the behavior challenge to the intent of the challenge versus
- To understand the correlation between the frequency of the challenging behavior and its
- 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.

FAST

Functional Analysis Screening Tool

Client:	Date:
	Interviewer:
	11011011
influence problem beha- purposes as part of a pehavior. Administer the with the client frequen- conducting direct obse	r: The FAST identifies factors that manaviors. It should be used only for screening comprehensive functional analysis of the FAST to several individuals who interantly. Then use the results as a guide for revations in several different situations to ions and to identify other factors that managed and the several different several diff
minence me problem o	enavior.
Fo the Informant: C question carefully and a are uncertain about an a	omplete the sections below. Then read each name it by circling "Yes" or "No." If your name, circle "N/A."
formant-Client R	Relationship
. Indicate your relation	iship to the person:ParentInstructor tial Staff (Other) mown the person?YearsMonths
o you interest with	nown the person?YearsMonths
o you interact with	the person daily? Yes No you usually interact with the person?
Meals A	
Teigure W	Vork or vocational training
C.15	Vork or vocational training
Self-care	(Other)
roblem Behavior l	
. Problem behavior (che	eck and describe):
Aggression	사용하다 그 사람들은 사람들이 얼마나 없는데 그 사람들이 없다.
Self-Injury	
Self-InjuryStereotypy	
Property destruction	n
Other	
United Transport	
. Frequency:Houriy	DailyWeeklyLess often
Modera Severe:	tisruptive but little risk to property or health te: Property damage or minor injury Significant threat to health or safety
. Situations in which th	ne problem behavior is most likely:
Days/Times	
Settings/Activities	
Persons present	
	e problem behavior is <u>least</u> likely:
Days/Times	
Settings/Activities	5. 24 3.
`ersons present	
Mot is remaily be-	ming to the second of the first of the second of the secon
	ning to the person right before the problem
behavior occurs?	
tucually happens	to the person right after the problem
re assamy nappens	to the person right after the problem
ivior occurs?	
Current treatments	2016 1878
Current treatments	
	;

	1	bek	Does the person usually engage in the problem behavior when (s)he is being ignored or when caregivers are paying attention to someone else?					s No) N/
-	2.	Does the person usually engage in the problem behavior when requests for preferred activities (games, snacks) are denied or when these items are taken away?						No) N/.
The second secon	3.	When the problem behavior occurs, do you or other caregivers usually try to calm the person down or try to engage the person in preferred activities?					Yes	No) N/.
	4.	Is the person usually well behaved when (s)he is getting lots of attention or when preferred items or activities are freely available?					Yes	No	N/A
	5.	Is that a tax	ie per sk or	son res to parti	istant who	en asked to perform group activities?	Yes	No	N/A
	6.	beha	avior	when a	usually e sked to po oup activi	ngage in the problem erform a task or to ties?	Yes	No	N/A
	7.	Who pers	en the	proble ually g	m behavi iven a "br	or occurs, is the eak" from tasks?	Yes	No	N/A
	8.	Is th	e per et requ	son usu uired to	ally well do anyth	behaved when (s)he ing?	Yes	No	N/A
	9.	Doe:	s the jabit, r	problen epeated	n behavio	or seem to be a "ritual" ing the same way?	Yes	No	N/A
1	0.	Doe: beha	s the j	person even wl	usually en hen no on	ngage in the problem e is around or watching	Yes ?	No	N/A
1	1.	Doe: beha	s the p	person j over oth	prefer eng ier types	gaging in the problem of leisure activities?	Yes	No	N/A
13	2.	Does	s the personal	problem of "ser	n behavion sory stim	r appear to provide ulation?"	Yes	No	N/A
13	3,	Does beha	the p	person of	usually er ten when	ngage in the problem (s)he is ill?	Yes	No	N/A
14	1.	Is the	e prob rates	olem be for sev	havior cy eral days	clical, occurring at and then stopping?	Yes	No	N/A
15	5.	cond	itions	erson h such a se list_	s ear infe	rent painful ctions or allergies?	Yes	No '	N/A
16	5.	and t	hese a	on is ex are treat away?	ted, does t	ng physical problems, the problem behavior	Yes	No	N/A
					Scorin	g Summary			
		Circle	the 1	number	of each q	uestion that was answe	red "Y	es."	
	em	ıs Circ	led "	Yes"	Total	Potential Source of I	Reinfo	rcen	nent
ą	1	2	3	4.	The second secon	Social (attention/pref	erred	item	s)
	5	6	7	8		Social (escape)			
	9	10	11	12	-	Automatic (sensory	stimul	atio	n)
	13	14	15	16		Automatic (pain atte	nuatio	n)	

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7Form _EC-1/11-99

Autism Treatment Evaluation Checklist (ATEC)

Bernard Rimland, Ph.D. and Stephen M. Edelson, Ph.D.

Autism Research Institute

4182 Adams Avenue, San Diego, CA 92116 fax: (619) 563-6840; www.autism.com/ari

Project/Purpose:					
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Scores: I	П	ш	IV	Total	

This form is intended to measure the effects of treatment. Free scoring of this form is available on the Internet at: www.autism.com/atec

form is	available on the Internet a	it: www.autism.com	Vatec
Name of Child	Washington and an analysis of the state of t	□Male	Age
Last	First	☐ Female	Date of Birth
Form completed by:	Relationship:		Today's Date
Please circle the	letters to indicate h	ow true each p	ohrase is:
I. Speech/Language/Communication		_	true [V] Very true
N S V 1. Knows own name	N S V 6. Can use 3 wo		N S V 11. Speech tends to be meaningful/
N S V 2. Responds to 'No' or 'Stop'	(Want mor	•	relevant
N S V 3. Can follow some commands	N S V 7. Knows 10 or		N S V 12. Often uses several successive
N S V 4. Can use one word at a time	N S V 8. Can use sente		sentences N S V 13. Carries on fairly good
(No!, Eat, Water, etc.) N S V 5. Can use 2 words at a time	N S V 9. Explains wha		conversation
(Don't want, Go home)	N S V I0. Asks meaning		N S V 14. Has normal ability to communicate for his/her age
II. Sociability: [N] Not de.	scriptive [S] Somewh	iat descriptive	[V] Very descriptive
N S V 1. Seems to be in a shell -you	N S V 7. Shows no affe	ection	N S V 14. Disagreeable/not compliant
cannot reach him/her	N S V 8. Fails to greet	parents	N S V 15. Temper tantrums
N S V 2. Ignores other people	N S V 9. Avoids conta	ct with others	N S V 16. Lacks friends/companions
N S V 3. Pays little or no attention when addressed	N S V 10. Does not imi	itate	N S V 17. Rarely smiles
N S V 4. Uncooperative and resistant	N S V II. Dislikes beir	ng held/cuddled	N S V 18. Insensitive to other's feelings
N S V 5. No eye contact	N S V 12. Does not sha	ire or show	N S V 19. Indifferent to being liked
N S V 6. Prefers to be left alone	N S V 13. Does not war	ve 'bye bye'	N S V 20. Indifferent if parent(s) leave
III. Sensory/Cognitive Awareness:	[N] Not descriptive	[S] Somewhat a	lescriptive [V] Very descriptive
N S V, I. Responds to own name	N S V 7. Appropriate f	acial expression	N S V 13. Initiates activities
N S V 2. Responds to praise	N S V 8. Understands s	stories on T.V.	N S V 14. Dresses self
N S V 3. Looks at people and animals	N S V 9. Understands	explanations	N S V 15. Curious, interested
N S V 4. Looks at pictures (and T.V.)	N S V 10. Aware of env	rironment	N S V 16. Venturesome - explores
N S V 5. Does drawing, coloring, art	N S V II. Aware of dar	iger	N S V 17. "Tuned in" — Not spacey
N S V 6. Plays with toys appropriately	N S V 12. Shows imagi	nation	N S V 18. Looks where others are looking
	Use this code: [N] Not	a Problem	[MO] Moderate Problem
IV. Health/Physical/Behavior:		or Problem	[S] Serious Problem
N MI MO S 1. Bed-wetting	N MI MO S 9. Hyper	active	N MI MO S 18. Obsessive speech
N MI MO S 2. Wets pants/diapers	N MI MO S 10. Letha	Ŭ	N MI MO S 19. Rigid routines
N MI MO S 3. Soils pants/diapers	N MI MO S 11. Hits o	_	N MI MO S 20. Shouts or screams
N MI MO S 4. Diarrhea	N MI MO S 12. Hits o	•	N MI MO S 21. Demands sameness
I MI MO S 5. Constipation	N MI MO S 13. Destri		N MI MO S 22. Often agitated N MI MO S 23. Not sensitive to pain
MI MO S 6. Sleep problems	N MI MO S 14. Sound		N MI MO S 24. "Hooked" or fixated on
N MI MO S 7. Eats too much/too little	N MI MO S 15. Anxio N MI MO S 16. Unha		certain objects/topics
N MI MO S 8. Extremely limited diet	N MI MO S 17. Seizu		N MI MO S 25. Repetitive movements (stimming, rocking, etc.)