ABERRANT BEHAVIOR CHECKLIST—COMMUNITY

Client's Name:	***************************************	Rater's Name:				
Client's Gender (c	circle): Male/Female /// Month Day Year	Relationship to Clie Parent Teacher Trainer/Superv	isor			
Today's Date	/ / Month Day Year	Where Was the Clie Home School Residential Uni Workshop Other (please sp	t			
If in School, Type	of Class (check one):	Developmentally Handicapped Severe Behavior Handicap				
Ethnic Group (che	ck):					
		Hispanic Other (please specify)				
CLIENT'S MEDIC	CAL STATUS (Please circl	e) .				
a. Deafness?	No	Yes	? (Don't Know)			
b. Blindness?	No	Yes	?			
c. Epilepsy?	No	Yes	?			
d. Cerebral Palsy?	No	Yes	?			
c. Other						
1 2 3	CATIONS (Please list any					
5.						

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INSTRUCTIONS

The ABC-Community rating scale is designed to be used with clients living in the community. Please note that the term *client* is used throughout to refer to the person being rated. This may be a child of school age, an adolescent, or an adult.

Please rate this client's behavior for the last four weeks. For each item, decide whether the behavior is a problem and circle the appropriate number:

0 = not at all a problem

1 = the behavior is a problem but slight in degree

2 = the problem is moderately serious

3 = the problem is severe in degree

When judging this client's behavior, please keep the following points in mind:

- (a) Take relative *frequency* into account for each behavior specified. For example if the client averages more temper outbursts than most other clients you know or most others in his/her class, it is probably moderately serious (2) or severe (3) even if these occur only once or twice a week. Other behaviors, such as noncompliance, would probably have to occur more frequently to merit an extreme rating.
- (b) If you have access to this information, consider the experiences of other care providers with this client. If the client has problems with others but not with you, try to take the whole picture into account.
- (c) Try to consider whether a given behavior interferes with his/her development, functioning, or relationships. For example, body rocking or social withdrawal may not disrupt other children or adults, but it almost certainly hinders individual development or functioning.

Do not spend too much time on each item—your first reaction is usually the right one.

1.	. Excessively active at home, school, work, or elsewhere		1	2	3
2.	2. Injures self on purpose		1	2	3
3.	3. Listless, sluggish, inactive		1	2	3
4.	4. Aggressive to other children or adults (verbally or physically)		1	2	3
5.	Seeks isolation from others	0	1	2	3
6.	Meaningless, recurring body movements	0	1	2	3
7.	Boisterous (inappropriately noisy and rough)	0	1	2	3
8.	Screams inappropriately	0	1	2	3
9.	Talks excessively	0	1	2	3
10.	Temper tantrums/outbursts	0	1	2	3
					
11.	Stereotyped behavior; abnormal, repetitive movements	0	1	2	3
12.	Preoccupied; stares into space	0	1 .	2	3
13.	Impulsive (acts without thinking)	0	1	2	3
14.	Irritable and whiny	0	1	2	3
15.	Restless, unable to sit still	0	1	2	3
16.	Withdrawn; prefers solitary activities	0	1	2	3
17.	Odd, bizarre in behavior	0	1	2	3
18.	Disobedient; difficult to control	0	1	2	3
19.	9. Yells at inappropriate times		1	2	3
20.	Fixed facial expression; lacks emotional responsiveness	0	1	2	3
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21. Disturbs others	0	1	2	
22. Repetitive speech	0	1	2	
23. Does nothing but sit and watch others	0 -	1	2	
24. Uncooperative	0	1	2	
25. Depressed mood	0	1	2	
26. Resists any form of physical contact	0	1	2	
27. Moves or rolls head back and forth repetitively	0	1	2	
28. Does not pay attention to instructions	0	1	2	
29. Demands must be met immediately	0	1	2	
30. Isolates himself/herself from other children or adults	0	1	2	
31. Disrupts group activities	0	1	2	
32. Sits or stands in one position for a long time	0	1	2	
33. Talks to self loudly	0	1	2	
34. Cries over minor annoyances and hurts	0	1	2	
35. Repetitive hand, body, or head movements	0	1	2	
36. Mood changes quickly	0	1	2	
37. Unresponsive to structured activities (does not react)	0	1	2	
38. Does not stay in seat (e.g., during lesson or training	*			
periods, meals, etc.)	0	1	2	
39. Will not sit still for any length of time	0	1	2	
40. Is difficult to reach, contact, or get through to	0	1	2	
41. Cries and screams inappropriately	0	1	2	
42. Prefers to be alone	0	1	2	
43. Does not try to communicate by words or gestures	0	1	2	
44. Easily distractible	0	1	2	
45. Waves or shakes the extremities repeatedly	0	1	2	
46. Repeats a word or phrase over and over	0	1	2	
47. Stamps feet or bangs objects or slams doors	0	1	2	
48. Constantly runs or jumps around the room	0	1	2	
49. Rocks body back and forth repeatedly	0	1	2	
50. Deliberately hurts himself/herself	0	1	2	
51. Pays no attention when spoken to	0	1	2	
52. Does physical violence to self	0	1	2	
53. Inactive, never moves spontaneously	0	1	2	
54. Tends to be excessively active	0	1	2	
55. Responds negatively to affection	.0	1	2	
56. Deliberately ignores directions	0	1	2	
57. Has temper outbursts or tantrums			_	
when he/she does not get own way	0	1	2	

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