

Checklist for Identifying the Context for Problem Behavior

Name of Individual:

Problem Behavior:

Medical, Physical or Emotional Factors

Are there medical, physical or emotional factors that may “set the stage” for the aggressive behavior to occur? Please check off all that apply (leave blank if not applicable).

	Yes
Illness	<input type="checkbox"/>
Pain or discomfort	<input type="checkbox"/>
Seizures	<input type="checkbox"/>
Hunger	<input type="checkbox"/>
Thirst	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Change in medication	<input type="checkbox"/>
Change in diet	<input type="checkbox"/>
Angry/Bad mood	<input type="checkbox"/>
Sad/Unhappy mood	<input type="checkbox"/>
Unusually happy mood	<input type="checkbox"/>

Specific people

Is the aggressive behavior very likely to occur when certain people are present? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Family member (specify):	<input type="checkbox"/>	<input type="checkbox"/>
School staff (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Support worker (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Peer (specify):	<input type="checkbox"/>	<input type="checkbox"/>
New person (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

What people are doing

Is the aggressive behavior very likely to occur when people are doing certain things? Not likely to occur? Please check off all that apply (leave blank if not applicable).

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	Very Likely	Not Likely
Talking to the individual with AS	<input type="checkbox"/>	<input type="checkbox"/>
Paying attention to someone else	<input type="checkbox"/>	<input type="checkbox"/>
Standing close to/touching the individual with AS	<input type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to do something he/she dislikes (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to stop doing something he/she likes (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS that something he/she likes is not available or is finished (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to wait for an activity or person (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other people are yelling or getting upset around the individual with AS	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Specific Routines

Is the aggressive behavior is very likely to occur during specific routines? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Mealtime	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
Leaving for or returning from school/work/recreational program	<input type="checkbox"/>	<input type="checkbox"/>
Starting or ending school/work/recreational program	<input type="checkbox"/>	<input type="checkbox"/>
Bedtime	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Other routine (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Specific Events and Activities

Is the aggressive behavior is very likely to occur during specific events and activities? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Watching television or video	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>
Playing on computer	<input type="checkbox"/>	<input type="checkbox"/>
Playing games	<input type="checkbox"/>	<input type="checkbox"/>
Doing crafts	<input type="checkbox"/>	<input type="checkbox"/>

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Looking at photos or books	<input type="checkbox"/>	<input type="checkbox"/>
When there is nothing to do	<input type="checkbox"/>	<input type="checkbox"/>
Car/bus/van rides	<input type="checkbox"/>	<input type="checkbox"/>
Walking/riding in wheelchair:	<input type="checkbox"/>	<input type="checkbox"/>
When being taught something new (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other activities and events (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Days of Week

Are there days of the week when the aggressive behavior is very likely to occur? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Times of Day

Are there times of the day when the aggressive behavior is very likely to occur? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Morning	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>
During the night	<input type="checkbox"/>	<input type="checkbox"/>
Other time (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Conditions

Is the aggressive behavior very likely to occur under specific environmental conditions? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Too noisy/quiet	<input type="checkbox"/>	<input type="checkbox"/>
Too hot/cold	<input type="checkbox"/>	<input type="checkbox"/>
Too bright/dark	<input type="checkbox"/>	<input type="checkbox"/>
Too stimulating/not stimulating enough	<input type="checkbox"/>	<input type="checkbox"/>
Too crowded	<input type="checkbox"/>	<input type="checkbox"/>
Specific odors or scents	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Warning signs the problem behavior may occur

Are there certain things the individual with AS does just before the aggressive behavior occurs? Please check off all that apply (leave blank if not applicable).

	Increase	Decrease
Vocalizations	<input type="checkbox"/>	<input type="checkbox"/>
Laughter	<input type="checkbox"/>	<input type="checkbox"/>
Looking at people	<input type="checkbox"/>	<input type="checkbox"/>
Looking at objects	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact with people	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact with objects	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

What happens after the problem behavior occurs

What typically happens after the individual behaves aggressively? Please check off all that apply (leave blank if not applicable).

	Yes
Ignored or left alone	<input type="checkbox"/>
Spoken to by adult	<input type="checkbox"/>
Given what he/she seems to want	<input type="checkbox"/>
Item that he/she seems to want is taken away	<input type="checkbox"/>
Permitted to continue activity	<input type="checkbox"/>
Activity is stopped or changed	<input type="checkbox"/>
Given assistance	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

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Reason for the problem behavior

What possible message(s) do you think the individual is trying to communicate through his or her aggressive behavior? Please check off all that apply (leave blank if not applicable).

	Yes
Pay attention to me	<input type="checkbox"/>
I want something	<input type="checkbox"/>
I don't want to stop/change what I am doing	<input type="checkbox"/>
I don't want/like something	<input type="checkbox"/>
I want you to stop something/take something away	<input type="checkbox"/>