

Moss Attention Rating Scale

Subject's name _____ ID# _____

Person doing rating _____ Discipline: OT / PT / Sp / Nursing (circle) Other: _____

Complete the ratings based on two of the following three days of observations:

_____, _____, _____
**Note: If you have worked with the patient all three days, base your ratings on the second & third day.*

Write the 2 dates on which your ratings are based on here. _____ & _____ .

Did any of the observations you made over the 2 days involve co-treatment with another rater?

Y / N (circle)

.....
Using the number key below, please indicate to what degree each descriptor applies to the person you are rating. If any of your sessions during the 2 days were done in co-treatment with another rater, please note this above, and please make sure that you don't discuss the rating scale at all with your co-rater until both of you have filled it out independently.

Please don't leave any items blank. If you are not sure how to answer, just make your best guess.

- 1 = Definitely false
- 2 = False, for the most part
- 3 = Sometimes true, sometimes false
- 4 = True, for the most part
- 5 = Definitely true

1. _____ Is restless or fidgety when unoccupied
2. _____ Sustains conversation without interjecting irrelevant or off-topic comments
3. _____ Persists at a task or conversation for several minutes without stopping or "drifting off"
4. _____ Stops performing a task when given something else to do or to think about
5. _____ Misses materials needed for tasks even though they are within sight and reach
6. _____ Performance is best early in the day or after a rest
7. _____ Initiates communication with others
8. _____ Fails to return to a task after an interruption unless prompted to do so
9. _____ Looks toward people approaching
10. _____ Persists with an activity or response after being told to stop
11. _____ Has no difficulty stopping one task or step in order to begin the next one
12. _____ Attends to nearby conversations rather than the current task or conversation
13. _____ Tends not to initiate tasks which are within his/her capabilities
14. _____ Speed or accuracy deteriorates over several minutes on a task, but improves after a break
15. _____ Performance of comparable activities is inconsistent from one day to the next
16. _____ Fails to notice situations affecting current performance, e.g., wheelchair hitting against table

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4 = True, for the most part
5 = Definitely true

17. _____ Perseverates on previous topics of conversation or previous actions
18. _____ Detects errors in his/ her own performance
19. _____ Initiates activity (whether appropriate or not) without cuing
20. _____ Reacts to objects being directed toward him /her
21. _____ Performs better on tasks when directions are given slowly
22. _____ Begins to touch or manipulate nearby objects not related to task