

Utah Department of Health/CSHCN/ABLE Program
 Assessing Positive and Negative Reinforcers in Children (6-13)
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Name of Child: _____ Date: ____ D of B ____ Age ____
 Evaluation was by: Self ___ Parent ___ Teacher ___ Other(name) _____

Check off only those things you love to eat most of the time.

- | | | | |
|----------------|-----------------|------------------|-----------------|
| Ice cream ___ | Candy ___ | Potato Chips ___ | Cookies ___ |
| Fruits ___ | Cold Cereal ___ | Pastry ___ | Cheese ___ |
| Pretzels ___ | Sandwiches ___ | Milk ___ | Soda Drinks ___ |
| Pudding ___ | Salads ___ | Pasta ___ | Hamburgers ___ |
| Vegetables ___ | Hot Cereals ___ | Nuts ___ | Steak ___ |
| Hot dogs ___ | Fruit Juice ___ | Rice ___ | Popcorn ___ |
| | | | Gum ___ |

Write down your favorite foods. 1. _____
 2. _____ 3. _____

<i>School: Check how much you like:</i>	<i>A Lot</i>	<i>Some</i>	<i>A little</i>
Reading	___	___	___
Writing	___	___	___
Math	___	___	___
Science	___	___	___
Art	___	___	___
Music	___	___	___
Sports	___	___	___
Recess and the playground	___	___	___
The School Bus	___	___	___
The Cafeteria or Lunch Room	___	___	___

<i>Check how much you like:</i>	<i>A Lot</i>	<i>Some</i>	<i>A little</i>
Sleeping	_____	_____	_____
Swimming	_____	_____	_____
Brushing your teeth	_____	_____	_____
Homework	_____	_____	_____
Playing with clay or crayons	_____	_____	_____
Doing Puzzles	_____	_____	_____
Cards – What Kind? _____	_____	_____	_____
Board Games – What Kind? _____	_____	_____	_____
Games with friends	_____	_____	_____
Vacations with family	_____	_____	_____
Visit the Zoo	_____	_____	_____
Visit the Library or Park	_____	_____	_____
Visit the Dentist	_____	_____	_____
Visit the Doctor	_____	_____	_____
Camping	_____	_____	_____
Gardening	_____	_____	_____
Building Things	_____	_____	_____
Completing a Task	_____	_____	_____
Watching Television or Videos	_____	_____	_____
Snacking on Foods	_____	_____	_____
Shopping	_____	_____	_____
Going to Movies	_____	_____	_____
Being read or told stories by: _____	_____	_____	_____

<i>Check how much you like:</i>	<i>A Lot</i>	<i>Some</i>	<i>A little</i>
Hugs - Who From _____	_____	_____	_____
Tickling - Who From _____	_____	_____	_____
Appropriate Touches	_____	_____	_____
Appropriate Kisses	_____	_____	_____
Praise Who From _____	_____	_____	_____
Talking with people who like you	_____	_____	_____
Being around your family	_____	_____	_____
Being around your friends	_____	_____	_____
Being alone	_____	_____	_____
Being with 1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Gold stars, points, or stickers	_____	_____	_____
Money	_____	_____	_____
Good Grades	_____	_____	_____
Letters/notes/ cards	_____	_____	_____
Books	_____	_____	_____
Video Games	_____	_____	_____
Play Cards	_____	_____	_____
Radio	_____	_____	_____
Bicycle	_____	_____	_____
Your own TV	_____	_____	_____
A new Bed	_____	_____	_____

<i>Check how much you like:</i>	<i>A Lot</i>	<i>Some</i>	<i>A little</i>
New Clothes	_____	_____	_____
A New Home	_____	_____	_____
A Computer	_____	_____	_____
Spending Money	_____	_____	_____
Art Supplies	_____	_____	_____
A New School	_____	_____	_____
Playing with Toys	_____	_____	_____
Watching Sports	_____	_____	_____
Playing Sports	_____	_____	_____
Listening to Music	_____	_____	_____
Playing an Instrument	_____	_____	_____
Being with your brothers and sisters	_____	_____	_____
Being with your parents	_____	_____	_____
Using the Computer	_____	_____	_____
Others _____	_____	_____	_____

Things most people sometimes try to get away from because they bother them.

<i>Bothers me:</i>	<i>Very Much</i>	<i>Some</i>	<i>Not at all</i>
Bullies at school	_____	_____	_____
Cleaning your room	_____	_____	_____
Doing your homework	_____	_____	_____
House chores	_____	_____	_____
Brushing your teeth	_____	_____	_____
Changing your clothes	_____	_____	_____
Garden chores	_____	_____	_____

<i>Bothers me:</i>	<i>Very Much</i>	<i>Some</i>	<i>Not at all</i>
Tending siblings	_____	_____	_____
Going to bed early	_____	_____	_____
Going on the school bus	_____	_____	_____
Being scared	_____	_____	_____
New places	_____	_____	_____
Being alone	_____	_____	_____
Looking foolish	_____	_____	_____
Making mistakes	_____	_____	_____
The school playground	_____	_____	_____
The sight of blood	_____	_____	_____
High Places	_____	_____	_____
Dark Places	_____	_____	_____
Being told what to do	_____	_____	_____
Kids asking you to take a Dare	_____	_____	_____
Loosing something you own	_____	_____	_____
Bad shows on television ..	_____	_____	_____
Bad things on the Internet	_____	_____	_____
Being bored – nothing to do	_____	_____	_____
Feeling lonely	_____	_____	_____
Reading	_____	_____	_____
Doing math problems	_____	_____	_____
Exercise	_____	_____	_____
Your neighborhood	_____	_____	_____
The school bathroom	_____	_____	_____
Hard physical work	_____	_____	_____

<i>Bothers me:</i>	<i>Very Much</i>	<i>Some</i>	<i>Not at all</i>
Too much Thinking	_____	_____	_____
Kids	_____	_____	_____
Adults	_____	_____	_____
Strange people	_____	_____	_____
Quiet Time	_____	_____	_____
Going to school	_____	_____	_____
Shower or Bath	_____	_____	_____
Arguments	_____	_____	_____

What do you like to do the most when you have free time?

What do you like to do the most after school or weekends or when school is out?

What do you like to do the most by yourself?

What do you like to do the most with your friends?

What do you like to do the most with your family?

What do you want to be when you grow up?

List things you dream about doing the most?

List any talents or skills you have that you like?

Thank you for your efforts in filling out this form. – The ABLE staff.