

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:

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