

Client:
Respondent:

INVENTORY of POTENTIAL AVERSIVE STIMULI and SETTING EVENTS (IPASS)

Date:
Interviewer:

Check this box if AUDITORY stimuli (things the person hears) seem to be related to challenging behaviors			
Check ANY sounds that seem to relate to behavior challenges	When were sounds related to challenging behavior?	Are these aspects of the sounds problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> loud noises <input type="checkbox"/> soft noises <input type="checkbox"/> crashing <input type="checkbox"/> celebrations <input type="checkbox"/> laughing <input type="checkbox"/> animals <input type="checkbox"/> cough/sniff <input type="checkbox"/> vehicles <input type="checkbox"/> chewing <input type="checkbox"/> rustling <input type="checkbox"/> talking <input type="checkbox"/> yelling <input type="checkbox"/> Other sounds: _____ _____ _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Noises seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after hearing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> These stimuli are often heard before challenging behavior If yes above, when before behavior are they heard? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that noises related to challenging behaviors for the person.			
Check this box if VISUAL stimuli (things the person sees) seem to be related to challenging behaviors			
Check ANY that seem to relate to behavior challenges	When were visual stimuli related to challenging behavior?	Are these aspects problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> bright lights <input type="checkbox"/> darkness <input type="checkbox"/> flickering <input type="checkbox"/> strobe lights <input type="checkbox"/> people approaching or leaving <input type="checkbox"/> seeing emotion (happy, sad, etc) <input type="checkbox"/> blood or injuries <input type="checkbox"/> screens <input type="checkbox"/> drug paraphernalia <input type="checkbox"/> Other, or specific examples: _____ _____ _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Visual events seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after seeing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> At least one is often present before challenging behavior If yes above, when before behavior are they seen? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that visual events related to challenging behaviors for the person.			
Check this box if ODORS (things the person SMELLS) seem to be related to challenging behaviors			
Which odors may relate to behavior challenges?	When were odors related to challenging behavior?	Are these aspects problematic?	How are these stimulus events related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> alcohol <input type="checkbox"/> chemicals <input type="checkbox"/> feces <input type="checkbox"/> urine <input type="checkbox"/> smoke (fire) <input type="checkbox"/> smoke (cigarettes/drugs etc) <input type="checkbox"/> perfume <input type="checkbox"/> food <input type="checkbox"/> Other, or specific examples: _____ _____ _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When it starts <input type="checkbox"/> Y <input type="checkbox"/> N When it stops <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it lasts a long time	<input type="checkbox"/> Visual events seem to "set off" (or precede) challenging behavior <input type="checkbox"/> Person freezes when these stimuli are present <input type="checkbox"/> Person seems upset when these stimuli are present <input type="checkbox"/> Person uses challenging behavior after seeing these stimuli <input type="checkbox"/> The person avoids these stimuli <input type="checkbox"/> The person uses unsafe behaviors related to these stimuli <input type="checkbox"/> At least one is often present before challenging behavior If yes above, when before behavior do they occur? Mark all that apply <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks
Give an example of a time that odors related to challenging behaviors for the person.			



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Check this box if PLACES seem to be related to challenging behaviors			
Which places may relate to behavior challenges?	When were these places related to challenging behavior?	Do specific places seem problematic...	How are these places related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> bedroom <input type="checkbox"/> kitchen <input type="checkbox"/> bathroom <input type="checkbox"/> pool/beach <input type="checkbox"/> home <input type="checkbox"/> park <input type="checkbox"/> Other, or specific examples: _____	<input type="checkbox"/> garage <input type="checkbox"/> basement <input type="checkbox"/> public restroom <input type="checkbox"/> outside <input type="checkbox"/> school <input type="checkbox"/> gym <input type="checkbox"/> _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When client arrives <input type="checkbox"/> Y <input type="checkbox"/> N When client leaves <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When client is there a long time
Give an example of a time these places related to challenging behaviors for the person.		<input type="checkbox"/> Certain places seem to "set off" challenging behavior <input type="checkbox"/> Person freezes in certain places <input type="checkbox"/> Person seems upset in certain places <input type="checkbox"/> Person uses challenging behavior after visiting certain places <input type="checkbox"/> The person avoids certain places <input type="checkbox"/> The person uses unsafe behaviors related to these places <input type="checkbox"/> Person is usually somewhere specific before challenging behavior If yes above, when did visit occur before challenging behavior? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks	
Check this box if specific observable EVENTS or activities seem to be related to challenging behaviors			
Which events seem related to behavior challenges?	When were these events related to challenging behavior?	Do specific events seem problematic...	How are these events or activities related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> meals <input type="checkbox"/> playing/leisure <input type="checkbox"/> holidays <input type="checkbox"/> screen time <input type="checkbox"/> visting someone <input type="checkbox"/> someone's death or illness <input type="checkbox"/> Other, or specific examples: _____	<input type="checkbox"/> voiding <input type="checkbox"/> work/chores <input type="checkbox"/> rest/sleeping <input type="checkbox"/> winning/losing <input type="checkbox"/> parties <input type="checkbox"/> _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N When client starts <input type="checkbox"/> Y <input type="checkbox"/> N When event is over <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it's been going on a long time
Give an example of a time these specific events related to challenging behaviors for the person.		<input type="checkbox"/> Certain activities seem to "set off" challenging behavior <input type="checkbox"/> Person freezes during certain activities <input type="checkbox"/> Person seems upset during certain activities <input type="checkbox"/> Person uses challenging behavior after doing certain activities <input type="checkbox"/> The person avoids certain activities <input type="checkbox"/> The person uses unsafe behaviors related to these activities <input type="checkbox"/> A specific activity usually occurs before challenging behavior If yes above, when did activity occur (before the challenging behavior)? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks before	
Check this box if specific internal events or sensations seem to be related to challenging behaviors			
Which items seem related to behavior challenges?	When were these events related to challenging behavior?	Do specific events seem problematic...	How are these events or activities related to challenging behavior? (Mark all that apply)
<input type="checkbox"/> sadness <input type="checkbox"/> sickness <input type="checkbox"/> cold/hot <input type="checkbox"/> worry <input type="checkbox"/> hungry <input type="checkbox"/> medication change <input type="checkbox"/> Other, or specific examples: _____	<input type="checkbox"/> anger <input type="checkbox"/> being tired <input type="checkbox"/> PMS <input type="checkbox"/> constipation <input type="checkbox"/> on menses <input type="checkbox"/> _____	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Now (present) - but rarely <input type="checkbox"/> Now (present) - and often <input type="checkbox"/> Unsure	<input type="checkbox"/> Y <input type="checkbox"/> N Initially (at beginning) <input type="checkbox"/> Y <input type="checkbox"/> N When event is over <input type="checkbox"/> Y <input type="checkbox"/> N When people discuss it <input type="checkbox"/> Y <input type="checkbox"/> N When it's been going on a long time
Give an example of a time these internal events related to challenging behaviors for the person.		<input type="checkbox"/> Certain activities seem to "set off" challenging behavior <input type="checkbox"/> Person freezes during certain activities <input type="checkbox"/> Person seems upset during certain activities <input type="checkbox"/> Person uses challenging behavior after doing certain activities <input type="checkbox"/> The person avoids certain activities <input type="checkbox"/> The person uses unsafe behaviors related to these activities <input type="checkbox"/> A specific activity usually occurs before challenging behavior If yes above, when did these occur (before the challenging behavior)? <input type="checkbox"/> seconds <input type="checkbox"/> minutes <input type="checkbox"/> hours <input type="checkbox"/> days <input type="checkbox"/> weeks before	