

## Reinforcement Inventory

Person's name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** The items in this questionnaire refer to things and experiences that may give a person joy, satisfaction, or pleasurable feelings. Check each item in the column that describes how much the person enjoys the things mentioned.

**Please write specifics in next to the item/event/activity (ex: Ice cream: Pistachio). This inventory must be completed with the individuals direct input to the best of their ability, not just staff observations!**

Item/Event/Activity	Not interested	Likes it a little	Likes it	Likes it a lot	Loves it!
<b>A. Entertainment</b>					
Watching TV:					
Movies:					
Music:					
Games (table or video):					
Watching sports:					
Attending sporting events:					
Arts and crafts:					
Singing:					
Dancing:					
Drawing/Coloring/Painting:					
Ceramics:					
Woodworking:					
Building models:					
Playing an instrument:					
Exercise:					
Reading/Being read to:					
Looking at pictures/books/magazines:					
Free time for whatever:					
Other:					
<b>B. Excursions</b>					
Visiting family:					
Visiting friends:					
Going to the park:					
Vacationing/Traveling:					
Going out to eat:					
Shopping:					
Amusement Parks/Museums:					
Church activities:					
Other:					
<b>C. Social/Interaction</b>					
Being praised:					
Being hugged:					
Being touched:					
Talking with others:					
Going on dates:					
Spending time alone with:					

Item/Event/Activity	Not interested	Likes it a little	Likes it	Likes it a lot	Loves it!
Getting manicure:					
Getting hair cut / hair done:					
Having picture taken:					
Talking on telephone:					
Other:					
<b>D. Domestic Activities</b>					
Setting table:					
Making bed:					
Sweeping:					
Dusting:					
Yard work:					
Cooking:					
Sewing/Knitting/Needlepoint/Crochet:					
Menu planning:					
Running errands:					
Getting out of chores:					
Decorating room:					
Bath/shower:					
Other:					
<b>E. Personal appearance</b>					
New clothes:					
Makeup:					
Perfume/Cologne:					
Jewelry:					
Other:					
<b>F. Sensory Stimulates</b>					
Smells:					
Colors:					
Noise:					
Vibrations:					
Cold:					
Warm:					
Wet:					
Rocking:					
Self stimulation/masturbation:					
Other:					
<b>G. Food items</b>					
Candy:					
Cereal(s):					
Nuts:					
Chips:					
Cake:					
Cookies:					
Juice:					

Item/Event/Activity	Not interested	Likes it a little	Likes it	Likes it a lot	Loves it!
Other drinks:					
Soda / Pop:					
Ice cream:					
Other food:					
<b>H. Miscellaneous / Other</b>					
Money					
Gift Certificate					
Other items not listed:					
Other items not listed:					
Other items not listed:					

**Favorite color:** \_\_\_\_\_

**Favorite food/meal:** \_\_\_\_\_

**Favorite hobby:** \_\_\_\_\_

**Other item/event/activity you can't live without:** \_\_\_\_\_

**What are some things (or people) that are important to you?** \_\_\_\_\_

\_\_\_\_\_

**When you are stressed out what helps you feel better?** \_\_\_\_\_

\_\_\_\_\_

**What do you need in your day to day life to feel good / what makes your days meaningful?** \_\_\_\_\_

\_\_\_\_\_

**What do you do well?** \_\_\_\_\_

**What helps you learn the best / easiest?** \_\_\_\_\_

**Additional comments / notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Relationship to individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Individual signature:** \_\_\_\_\_