

FAST

Functional Analysis Screening Tool

Client: _____ Date: _____

Informant: _____ Interviewer: _____

To the Interviewer: The FAST identifies factors that may influence problem behaviors. Use it only for screening as part of a comprehensive functional analysis of the behavior. Administer the FAST to several individuals who interact with the client frequently. Then use the results to guide direct observation in several different situations to verify suspected behavioral functions and to identify other factors that may influence the problem behavior.

To the Informant: Complete the sections below. Then read each question carefully and answer it by circling "Yes" or "No." If you are uncertain about an answer, circle "N/A."

Informant-Client Relationship

1. Indicate your relationship to the person: ___ Parent ___ Instructor
___ Therapist/Residential Staff _____ (Other)
2. How long have you known the person? ___ Years ___ Months
3. Do you interact with the person daily? ___ Yes ___ No
4. In what situations do you usually interact with the person?
___ Meals ___ Academic training
___ Leisure ___ Work or vocational training
___ Self-care _____ (Other)

Problem Behavior Information

1. Problem behavior (check and describe):
___ Aggression _____
___ Self-Injury _____
___ Stereotypy _____
___ Property destruction _____
___ Other _____
2. Frequency: ___ Hourly ___ Daily ___ Weekly ___ Less often
3. Severity: ___ Mild: Disruptive but little risk to property or health
___ Moderate: Property damage or minor injury
___ Severe: Significant threat to health or safety
4. Situations in which the problem behavior is most likely to occur:
Days/Times _____
Settings/Activities _____
Persons present _____
5. Situations in which the problem behavior is least likely to occur:
Days/Times _____
Settings/Activities _____
Persons present _____
6. What is usually happening to the person right before the problem behavior occurs?

7. What usually happens to the person right after the problem behavior occurs?

8. Current treatments _____

- | | | | |
|--|-----|----|-----|
| 1. Does the problem behavior occur when the person is not receiving attention or when caregivers are paying attention to someone else? | Yes | No | N/A |
| 2. Does the problem behavior occur when the person's requests for preferred items or activities are denied or when these are taken away? | Yes | No | N/A |
| 3. When the problem behavior occurs, do caregivers usually try to calm the person down or involve the person in preferred activities? | Yes | No | N/A |
| 4. Is the person usually well behaved when (s)he is getting lots of attention or when preferred activities are freely available? | Yes | No | N/A |
| 5. Does the person usually fuss or resist when (s)he is asked to perform a task or to participate in activities? | Yes | No | N/A |
| 6. Does the problem behavior occur when the person is asked to perform a task or to participate in activities? | Yes | No | N/A |
| 7. If the problem behavior occurs while tasks are being presented, is the person usually given a "break" from tasks? | Yes | No | N/A |
| 8. Is the person usually well behaved when (s)he is not required to do anything? | Yes | No | N/A |
| 9. Does the problem behavior occur even when no one is nearby or watching? | Yes | No | N/A |
| 10. Does the person engage in the problem behavior even when leisure activities are available? | Yes | No | N/A |
| 11. Does the problem behavior appear to be a form of "self-stimulation"? | Yes | No | N/A |
| 12. Is the problem behavior <u>less</u> likely to occur when sensory stimulating activities are presented? | Yes | No | N/A |
| 13. Is the problem behavior cyclical, occurring for several days and then stopping? | Yes | No | N/A |
| 14. Does the person have recurring painful conditions such as ear infections or allergies? If so, list: _____ | Yes | No | N/A |
| 15. Is the problem behavior <u>more</u> likely to occur when the person is ill? | Yes | No | N/A |
| 16. If the person is experiencing physical problems, and these are treated, does the problem behavior usually go away? | Yes | No | N/A |

Scoring Summary

Circle the number of each question that was answered "Yes" and enter the number of items that were circled in the "Total" column.

Items Circled "Yes"	Total	Potential Source of Reinforcement
1 2 3 4	_____	Social (attention/preferred items)
5 6 7 8	_____	Social (escape from tasks/activities)
9 10 11 12	_____	Automatic (sensory stimulation)
13 14 15 16	_____	Automatic (pain attenuation)