

Functional Analysis Screening Tool

Client: _____ **Date:** _____

Informant: _____ **Interviewer:** _____

To the Interviewer: The FAST identifies environmental and physical factors that may influence problem behaviors. It should be used only for screening purposes 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 as a guide for conducting a series of direct observations in different situations to verify 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 client: Parent Instructor
Therapist Parapro Residential Staff Other
2. How long have you known the client? _____ years _____ months
3. Do you interact with client daily? _____Yes No
4. In what situations do you usually interact with the client?
Meals Academic training Leisure activities
Work or vocational training Self care
Other _____

Problem Behavior Information

1. Problem behavior [check and describe]:
Aggression: _____
Self-injury: _____
Stereotypy: _____
Property destruction: _____
Disruptive behavior: _____

2.

Frequency:			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Less

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**:
Days/Times: _____
Settings/Activities: _____
Persons present: _____

5. Situations in which the problem behavior is **least likely**:
Days/Times: _____
Settings/Activities: _____
Persons present: _____

6. What is usually happening to the client right **before** the problem behavior occurs? _____

7. "What usually happens to the client right **after** the problem behavior occurs? _____

8. How do you handle the behavior when it occurs?

9. Comments: _____

1. Does the client usually engage in the problem behavior when he/she is being ignored or when caregivers are paying attention to someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Does the client usually engage in the problem behavior when requests for preferred activities [games, snacks] are denied or when these items are taken away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. When the problem behavior occurs, do you or other caregivers usually try to calm the client down or try to engage the client in preferred activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Is the client usually well behaved when he/she is getting lots of attention or when preferred items or activities are freely available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Is the client resistant when asked to perform a task or to participate in group activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Does the client usually engage in the problem behavior when asked to perform a task or to participate in group activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. When the problem behavior occurs, is the client usually given a break from tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Is the client usually well behaved when he/she is not required to do anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Does the problem behavior seem to be a "ritual" or habit, repeatedly occurring the same way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Does the client usually engage in the problem behavior even when no one is around or watching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Does the client prefer engaging in the problem behavior over other types of leisure activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Does the problem behavior appear to provide some sort of sensory stimulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Does the client usually engage in the problem behavior more often when he/she is ill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Is the problem behavior cyclical, occurring at high rates for several days and then stopping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Does the client have recurrent painful conditions such as ear infections or allergies? If so, please list: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. If the client is experiencing physical problems, and these are treated, does the problem behavior usually go away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Scoring Summary - Circle the number from above of each question answered "Yes".

Items circled "Yes"				Total	Potential Source of Reinforcement
1	2	3	4		Attention/Preferred Items [Social]
5	6	7	8		Escape [Social]
9	10	11	12		Sensory Stimulation [Automatic]
13	14	15	16		Pain Attenuation [Automatic]