

FAST

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 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:
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 person right before the problem behavior occurs? _____

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

- _____ Current treatments _____

1. Does the person usually engage in the problem behavior when (s)he is being ignored or when caregivers are paying attention to someone else? Yes No N/A
2. Does the person usually engage in the problem behavior when requests for preferred activities (games, snacks) are denied or when these items are taken away? Yes No N/A
3. When the problem behavior occurs, do you or other caregivers usually try to calm the person down or try to engage 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 items or activities are freely available? Yes No N/A
5. Is the person resistant when asked to perform a task or to participate in group activities? Yes No N/A
6. Does the person usually engage in the problem behavior when asked to perform a task or to participate in group activities? Yes No N/A
7. When the problem behavior occurs, 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 seem to be a "ritual" or habit, repeatedly occurring the same way? Yes No N/A
10. Does the person usually engage in the problem behavior even when no one is around or watching? Yes No N/A
11. Does the person prefer engaging in the problem behavior over other types of leisure activities? Yes No N/A
12. Does the problem behavior appear to provide some sort of "sensory stimulation?" Yes No N/A
13. Does the person usually engage in the problem behavior more often when (s)he is ill? Yes No N/A
14. Is the problem behavior cyclical, occurring at high rates for several days and then stopping? Yes No N/A
15. Does the person have recurrent painful conditions such as ear infections or allergies? Yes No N/A
If so, please list _____
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."

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