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. how often do you interact with the person daily? ___Yes  ___No
4. 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?

Yes  No  N/A
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?
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?
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?
4. Is the person usually well behaved when (s)he is getting lots of attention or when preferred items or activities are freely available?
5. Is the person resistant when asked to perform a task or to participate in group activities?
6. Does the person usually engage in the problem behavior when asked to perform a task or to participate in group activities?
7. When the problem behavior occurs, is the person usually given a "break" from tasks?
8. Is the person usually well behaved when (s)he is not required to do anything?
9. Does the problem behavior seem to be a "ritual" or habit, repeatedly occurring the same way?
10. Does the person usually engage in the problem behavior even when no one is around or watching?
11. Does the person prefer engaging in the problem behavior over other types of leisure activities?
12. Does the problem behavior appear to provide some sort of "sensory stimulation"?
13. Does the person usually engage in the problem behavior more often when (s)he is ill?
14. Is the problem behavior cyclical, occurring at high rates for several days and then stopping?
15. Does the person have recurrent painful conditions such as ear infections or allergies? If so, please list:
16. If the person is experiencing physical problems, and these are treated, does the problem behavior usually go away?

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)

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