

# 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:	
	<b>mild:</b> disruptive but little risk to property or health
	<b>moderate:</b> property damage or minor injury
	<b>severe:</b> 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]