

## FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Problem: \_\_\_\_\_

Informant: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**To the Interviewer:** The Functional Analysis Screening Tool (FAST) is designed to identify a number of factors that may influence the occurrence of problem behaviors. It should be used only as an initial screening tool and as part of a comprehensive functional assessment or analysis of problem behavior. The FAST should be administered to several individuals who interact with the person frequently. Results should then be used as the basis for conducting direct observations in several different contexts to verify likely behavioral functions, clarify ambiguous functions, and identify other relevant factors that may not have been included in this instrument.

**To the Informant:** After completing the section on "Informant-Person Relationship," read each of the numbered items carefully. If a statement accurately describes the person's behavior problem, circle "Yes." If not, circle "No." If the behavior problem consists of either self-injurious behavior or "repetitive stereotyped behaviors," begin with Part I. However, if the problem consists of aggression or some other form of socially disruptive behavior, such as property destruction or tantrums, complete only Part II.

### Informant-Person Relationship

Indicate your relationship to the person: \_\_\_\_\_ Parent \_\_\_\_\_ Teacher/Instructor \_\_\_\_\_ Residential Staff \_\_\_\_\_ Other

How long have you known the person? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you interact with the person on a daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," how many hours per day? \_\_\_\_\_ If "No," how many hours per week? \_\_\_\_\_

In what situations do you typically observe the person? (Mark all that apply)

\_\_\_\_\_ Self-care routines \_\_\_\_\_ Academic skills training \_\_\_\_\_ Meals \_\_\_\_\_ When (s)he has nothing to do

\_\_\_\_\_ Leisure activities \_\_\_\_\_ Work/vocational training \_\_\_\_\_ Evenings \_\_\_\_\_ Other: \_\_\_\_\_

### Part I. Social Influences on Behavior

- |  |     |    |
|--|-----|----|
| 1. The behavior usually occurs in your presence or in the presence of others   | Yes | No |
| 2. The behavior usually occurs soon after you or others interact with him/her in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the him/her, taking away a "preferred" item, requiring him/her to change activities, talking to someone else in his/her presence, etc. | Yes | No |
| 3. The behavior often is accompanied by other "emotional" responses, such as yelling or crying   | Yes | No |

*Complete Part II if you answered "Yes" to item 1, 2, or 3. Skip Part II if you answered "No" to all three items in Part I.*

### Part II. Social Reinforcement

- |   |     |    |
|---|-----|----|
| 4. The behavior often occurs when he/she has not received much attention  | Yes | No |
| 5. When the behavior occurs, you or others usually respond by interacting with the him/her in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection)      | Yes | No |
| 6. (S)he often engages in other annoying behaviors that produce attention   | Yes | No |
| 7. (S)he frequently approaches you or others and/or initiates social interaction  | Yes | No |
| 8. The behavior rarely occurs when you give him/her lots of attention   | Yes | No |
| 9. The behavior often occurs when you take a particular item away from him/her or when you terminate a preferred leisure activity (If "Yes," identify: _____)   | Yes | No |
| 10. The behavior often occurs when you inform the person that (s)he cannot have a certain item or cannot engage in a particular activity. (If "Yes," identify: _____)                                     | Yes | No |
| 11. When the behavior occurs, you often respond by giving him/her a specific item, such as a favorite toy, food, or some other item. (If "Yes," identify: _____)  | Yes | No |
| 12. (S)he often engages in other annoying behaviors that produce access to preferred items or activities.   | Yes | No |
| 13. The behavior rarely occurs during training activities or when you place other types of demands on him/her. (If "Yes," identify the activities: _____ self-care _____ academic _____ work _____ other) | Yes | No |

- |   |     |    |
|---|-----|----|
| 14. The behavior often occurs during training activities or when asked to complete tasks.             | Yes | No |
| 15. (S)he often is noncompliant during training activities or when asked to complete tasks.           | Yes | No |
| 16. The behavior often occurs when the immediate environment is very noisy or crowded.                | Yes | No |
| 17. When the behavior occurs, you often respond by giving him/her brief "break from an ongoing task.  | Yes | No |
| 18. The behavior rarely occurs when you place few demands on him/her or when you leave him/her alone. | Yes | No |

**Part III. Nonsocial (Automatic) Reinforcement**

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|--|-----|----|
| 19. The behavior occurs frequently when (s)he is alone or unoccupied   | Yes | No |
| 20. The behavior occurs at relatively high rates regardless of what is going on in his/her immediate surrounding environment   | Yes | No |
| 21. (S)he seems to have few known reinforcers or rarely engages in appropriate object manipulation or "play" behavior.   | Yes | No |
| 22. (S)he is generally unresponsive to social stimulation.   | Yes | No |
| 23. (S)he often engages in repetitive, stereotyped behaviors such as body rocking, hand or finger waving, object twirling, mouthing, etc.  | Yes | No |
| 24. When (s)he engages in the behavior, you and others usually respond by doing nothing (i.e., you never or rarely attend to the behavior.)  | Yes | No |
| 25. The behavior seems to occur in cycles. During a "high" cycle, the behavior occurs frequently and is extremely difficult to interrupt. During a "low" cycle the behavior rarely occurs. | Yes | No |
| 26. The behavior seems to occur more often when the person is ill.   | Yes | No |
| 27. (S)he has a history of recurrent illness (e.g., ear or sinus infections, allergies, dermatitis).   | Yes | No |

**Scoring Summary**

Circle the items answered "Yes." If you completed only Part II, also circle items 1, 2, and 3

**Likely Maintaining Variable**

1	2	3	4	5	6	7	8	Social Reinforcement (attention)
1	2	3	9	10	11	12	13	Social Reinforcement (access to specific activities/items)
1	2	3	14	15	16	17	18	Social Reinforcement (escape)
19	20	21	22	23	24			Automatic Reinforcement (sensory stimulation)
19	20	24	25	26	27			Automatic Reinforcement (pain attenuation)

Comments/Notes: \_\_\_\_\_  
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 \_\_\_\_\_  
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