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  

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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
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

<table>
<thead>
<tr>
<th>1  2  3  4  5  6  7  8</th>
<th>Social Reinforcement (attention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  9  10 11 12 13</td>
<td>Social Reinforcement (access to specific activities/items)</td>
</tr>
<tr>
<td>1  2  3  14 15 16 17 18</td>
<td>Social Reinforcement (escape)</td>
</tr>
<tr>
<td>19 20 21 22 23 24</td>
<td>Automatic Reinforcement (sensory stimulation)</td>
</tr>
<tr>
<td>19 20 24 25 26 27</td>
<td>Automatic Reinforcement (pain attenuation)</td>
</tr>
</tbody>
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Comments/Notes:________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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