

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

- Indicate your relationship to the client:

| | |
|-------------------|------------|
| Parent | Instructor |
| Therapist | Parapro |
| Residential Staff | Other |
- How long have you known the client? _____ years _____ months
- Do you interact with client daily? Yes No
- 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: | | | |
| Hourly | Daily | Weekly | Less |

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 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?

| | | |
|-----|----|-----|
| Yes | No | 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?

| | | |
|-----|----|-----|
| Yes | No | 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?

| | | |
|-----|----|-----|
| Yes | No | 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?

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

5. Is the client resistant when asked to perform a task or to participate in group activities?

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

6. Does the client 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 client usually given a break from tasks?

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

8. Is the client usually well behaved when he/she 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 client usually engage in the problem behavior even when no one is around or watching?

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

11. Does the client 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 client usually engage in the problem behavior more often when he/she 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 client have recurrent painful conditions such as ear infections or allergies? If so, please list: _____

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

16. If the client is experiencing physical problems, and these are treated, does the problem behavior usually go away?

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|