



Coastal Bend Psychological Associates

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Functional Analysis Interview Form

Client: _____

Date of Birth: _____

Informant: _____

Date of Interview: _____

A. Problem Behavior(s)

What are the behaviors of concern? For each one, describe how it is performed, how often it occurs (per day, week, or month), how long it lasts when it occurs, and the magnitude of the behaviors (i.e., how severe the behavior is: low, medium, high; does the behavior cause physical harm to the client or others?)

1. Description of problem behavior:

How often?

Duration?

Severity?

2. Description of problem behavior:

How often?

Duration?

Severity?

3. Description of problem behavior:

How often?

Duration?

Severity?

4. Description of problem behavior:

How often?

Duration?

Severity?

5. Description of problem behavior:

How often?

Duration?

Severity?

Which of these behaviors occur together (i.e., at the same time; in a predictable “chain” one after another; in response to the same situation)? _____

B. Describe setting events that may affect the behavior(s)

1. What medications is the client taking (if any), and how might these affect his or her behavior?

2. What medical or physical conditions (if any) does the client experience that may affect his or her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures, menstrual discomfort, etc.)?

3. Describe the client’s sleep patterns and the extent to which these patterns may affect his or her behavior.

4. Describe the client’s eating routines and diet and the extent to which these may affect his or her behavior.

5. Briefly describe the clients typical daily schedule of activities. Place a check (✓) next to those activities the client enjoys and an **X** next to those activities most often associated with the problem behaviors.

- ____ 6:00a
- ____ 7:00a
- ____ 8:00a
- ____ 9:00a
- ____ 10:00a
- ____ 11:00a
- ____ 12:00a
- ____ 1:00p
- ____ 2:00p
- ____ 3:00p
- ____ 4:00p
- ____ 5:00p
- ____ 6:00p
- ____ 7:00p
- ____ 8:00p
- ____ 9:00p
- ____ 10:00p

6. To what extent does the client have the opportunity during the day to make choices about his or her activities and choices about reinforcing events (e.g., foods, clothing, social companions, leisure activities, etc.)?

7. How many other persons are typically around the client at home, school, or work (including staff, classmates, housemates, and work colleagues)? Does the client typically seem bothered in situations that are more crowded and noisy?

8. What is the pattern of staffing support that the client receives in home, school, work, and other settings (e.g., 1:1, 2:1)? Do you believe that the number of staff, the training of staff or their social interactions with the client affect the problem behaviors?

C. Describe specific immediate antecedent events that predict when the behaviors are likely and not likely to occur.

1. Times of Day: When are the behaviors most and least likely to happen?

Most likely:

Least likely:

2. Setting: Where are the behaviors most and least likely to happen?

Most likely:

Least likely:

3. People: With whom are the behaviors most and least likely to happen?

Most likely:

Least likely:

4. Activity: What activities are most and least likely to produce the behaviors?

Most likely:

Least likely:

5. Are there particular or idiosyncratic situations or events not listed above that sometimes seem to “set off” the behaviors, such as particular demands, noises, lights, clothing, etc.?

6. What one thing could you do that would most likely make the problem behaviors occur?

7. Briefly describe how the client's behavior would be affected if:
 - a. You asked him or her to perform a difficult task.

 - b. You interrupted a preferred activity, such as watching television or eating a snack.

 - c. You unexpectedly changed his or her typical routine or schedule of activities.

 - d. He or she wanted something, but was not able to get it (e.g., a preferred food, tangible objects, or activity).

 - e. You did not pay attention to the client or left him or her alone for a while (e.g., 15 minutes).

D. Identify the consequences or outcomes of the problem behaviors that might be maintaining them (i.e., the functions they serve for the client in particular situations).

1. Identify the specific consequences or outcomes the client gets when each problem behavior occurs in different situations.

a. Behavior:

Situation:

Signs the behavior is about to occur:

What exactly does he or she get?

What exactly does he or she avoid?

b. Behavior:

Situation:

Signs the behavior is about to occur:

What exactly does he or she get?

What exactly does he or she avoid?

c. Behavior:

Situation:

Signs the behavior is about to occur:

What exactly does he or she get?

What exactly does he or she avoid?

d. Behavior:

Situation:

Signs the behavior is about to occur:

What exactly does he or she get?

What exactly does he or she avoid?

e. Behavior:

Situation:

Signs the behavior is about to occur:

What exactly does he or she get?

What exactly does he or she avoid?

E. What functional alternative behaviors does the client already know how to do?

What socially appropriate behaviors or skills can the client already perform that may generate the same outcomes or reinforcers produced by the problem behaviors?

F. What are the primary ways the client communicates with others?

1. What are the general expressive communication strategies used by or available to the client (These might include vocal speech, signs/gestures, communication boards/books, or electronic devices.)? How consistently does the client use these communication strategies?

2. Indicate the behaviors the client uses to achieve the following objectives:

a. Request attention:

b. Request preferred food/objects/activities:

c. Request a break from work or chores:

d. Show someone something or some place:

e. Indicate physical pain (e.g., headache, stomach ache, cramps, illness):

f. Indicate confusion or lack of understanding:

g. Indicate unhappiness:

h. Protest or reject a situation or activity:

3. With regard to the client's receptive communication or ability to understand others,
 - a. Does the client follow spoken requests or instructions? If so, approximately how many? (List if only a few.)
 - b. Does the client respond to signed or gestural requests or instructions? If so, approximately how many? (List if only a few.)
 - c. Is the client able to imitate if you provide physical models for various tasks or activities? (List if only for a few.)
 - d. How does the client typically indicate yes or no (when asked if he or she wants something, wants to go somewhere, or wants to indicate his or her choice about something)?

G. What are the things you should do and things you should avoid in working with and supporting the client?

1. What things can you do to improve the likelihood that a teaching/training session or other activity will go well with this client?
2. What things should you avoid that might interfere with or disrupt a teaching/training session or activity with this client?

H. What are things the client likes and are reinforcing for him or her?

1. Food items:
2. Toys and objects:
3. Activities at home:
4. Activities/outings in the community:
5. Other:

I. What do you know about the history of the problem behavior, the interventions that have been attempted to decrease or manage them, and the effects of these efforts (i.e., what has helped and what hasn't helped)?

1. Problem behavior:

How long has this been a problem?

Attempted interventions?

Helpfulness of the attempted interventions?

2. Problem behavior:

How long has this been a problem?

Attempted interventions?

Helpfulness of the attempted interventions?

3. Problem behavior:

How long has this been a problem?

Attempted interventions?

Helpfulness of the attempted interventions?

4. Problem behavior:

How long has this been a problem?

Attempted interventions?

Helpfulness of the attempted interventions?

5. Problem behavior:

How long has this been a problem?

Attempted interventions?

Helpfulness of the attempted interventions?

Staff	Antecedent	Behavior	Consequence