

Family Functional Assessment Questionnaire

Child _____ Age _____ Gender: M F Date:

Respondent

Challenging Routines and Behavior

1.

Routines/Activities/Events	Challenging behavior	How often?	How difficult?
<i>Example: Homework</i>	<i>Refuses, tears paper</i>	<input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input checked="" type="checkbox"/> excessively	<input type="checkbox"/> bothersome <input type="checkbox"/> disruptive <input checked="" type="checkbox"/> unmanageable
_____	_____	<input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> excessively	<input type="checkbox"/> bothersome <input type="checkbox"/> disruptive <input type="checkbox"/> unmanageable
_____	_____	<input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> excessively	<input type="checkbox"/> bothersome <input type="checkbox"/> disruptive <input type="checkbox"/> unmanageable
_____	_____	<input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> excessively	<input type="checkbox"/> bothersome <input type="checkbox"/> disruptive <input type="checkbox"/> unmanageable
_____	_____	<input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> excessively	<input type="checkbox"/> bothersome <input type="checkbox"/> disruptive <input type="checkbox"/> unmanageable

Setting Events/Lifestyle Influences

2. Check all of the following that make your child’s problem behavior more likely to happen (and possibly more intense).

- sickness lack of sleep seizures tired/exhausted loud noises
 unexpected visitors hunger/thirst medicine temperature changes too many people
 parties Interruption in routine other factor(s) _____

What Happens Before Problem Behavior (Triggers)?

Please indicate in items #3 through #8, the events that are most likely and least likely to lead to problem behaviors:

3. List any specific activities or routines at **home** when challenging behavior is most likely and least likely to happen (e.g., computer games, self-care tasks, meals, television, outside, bedtime).

Most likely:

Least likely:

4. List any specific activities, routines, or settings in the **community** where problem behavior is most likely and least likely to happen (e.g., dinner, shopping, park, riding in car).

Most likely:

Least likely:

5. List times of day when problem behavior is most likely and is least likely to happen.

Most likely:

Least likely:

6. Describe the types of social interactions or things that prevent your child from having problem behavior (e.g, games with friends, games with family, play during bath, helping your child, etc.).

7. Describe the types of social interactions or things that may cause your child to have problem behavior (e.g., saying “no!”, “stop,” waiting, told to do something, etc.)

What Happens After Problem Behavior (Actual Responses and Functions)?

8. In the challenging routines you listed on page 1, what do you or others do in response to each of your child’s challenging behaviors and what is the function or purpose or function of that behavior? (List responses and functions)

Response from adult or peer to challenging behavior

Purpose of challenging behavior (based on your response) others’

Example: gives up on homework, get angry, lecture,

___ *Gets attention , activities, things, or materials*

___ *X* *Gets away or avoids activities, things, or materials*

1.

___ *Gets Attention , activities, things, or materials*

___ *Gets away or avoids attention, activities, things, or materials*

2.	<input type="checkbox"/> Gets Attention , activities, things, or materials <input type="checkbox"/> Gets away or avoids attention, activities, things, or materials
3.	<input type="checkbox"/> Gets Attention , activities, things, or materials <input type="checkbox"/> Gets away or avoids attention, activities, things, or materials

Communication

9. Based on the behaviors you described in question 1 (page 1), what desirable communication skills or behaviors does your child use **to get activities, attention, or things** or **get away from or avoid activities, attention, or things** s/he dislikes?

Desireable Communicaton (*This could replace challenging behavior*)

Example: "help me with homework" or comes to get you for help with something

What your child likes

13. List the foods or snacks your child likes.

14. List the activities your child likes.

15. Who does your child like to be around? Please list all.

17. What are you child's favorite toys or materials (toy cars, magazines, dolls, bicycle, computer, video games, videos, etc.)?

16. What things make you most proud of your child (e.g., skills, personality, etc.)?

Other comments/concerns: