

**NEUMANN ASSOCIATION
FUNCTIONAL ANALYSIS QUESTIONNAIRE FOR DEVELOPMENT OF A
BEHAVIORAL INTERVENTINON PLAN**

Client's Name _____ DOB _____ Sex (circle): M F
Social Security Number _____ Current Date _____
Residence _____ Day Program _____
Does the Client have a Guardian (circle): Y N This form completed by (Positions/
Titles): _____

Instructions: Please read over the entire questionnaire before completing it. When completing, concentrate on the most salient issues. Thank you in advance for your efforts.

Client's Problem Behaviors to be Targeted by Behavior Intervention Plan and Baseline Frequency/ Intensity of Target Behaviors:

Client's Psychotropic Medications and Dosages at Time of Questionnaire:

Client's Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Relevant Background Information (such as medical and psychiatric concerns, danger to self/ others, history of abuse and neglect, substance abuse, motor and speech problems, family problems, social problems):

9. Is the client's problem behavior more likely to occur if the client is (circle): hungry, thirsty, fatigued, tired, and physically uncomfortable?
10. Does the client do the problem behavior to communicate illness?
11. If a connection between problem behaviors and medical issues is suspected, has the client seen a physician about it?

FUNCTIONAL ANALYSIS QUESTIONNAIRE, CONTINUED

Medical Factors Contributing to Problem Behaviors (please comment on any "yes" responses above that should be addressed):

Psychiatric/ Psychological Factors Contributing to Problem Behaviors:

	Residence	Day Program
	Y N ?	Y N ?

12. Does the client have mental retardation?
13. Does the client have memory problems?
14. Does the client have a sad or angry mood when doing the problem behaviors?
15. Is the client calmer after doing problem behaviors?
16. Does the client express suicidal or homicidal thoughts?
17. Does the client have low self-esteem?
18. Does the client feel hopeless?
19. Does the client talk too much?
20. Does the client do risky behaviors?
21. Does the client act-on paranoia or other bizarre beliefs?
22. Does the client act-on hallucinations such as voices?

- 23. Is the client very nervous or worried?
- 24. Does the client have a poor grasp of the reality of situations?
- 25. Has the client been diagnosed with autism or other pervasive developmental disorder?
- 26. Does the client have a history of attention-deficit disorder?

FUNCTIONAL ANALYSIS QUESTIONNAIRE, CONTINUED

- | | Residence | Day Program |
|--|------------------|--------------------|
| | Y N ? | Y N ? |
| 27. Does the client have a substance abuse problem? | | |
| 28. Has the client ever been abused or abused others? | | |
| 29. Does the client have any personality problems? | | |
| 30. Has the client ever been incarcerated? | | |
| 31. Does the client have any sexual problems? | | |
| 32. Does the client have a speech impediment or have difficulty understanding others' speech? | | |
| 33. Does the client have difficulty expressing problems, needs, feelings, thoughts, and choices effectively? | | |
| 34. Does the client have difficulty engaging in problem solving? | | |
| 35. Is the client aggressive or passive instead of assertive? | | |
| 36. Is the problem behavior performed in order to communicate something? | | |
| 37. Does the client make choices and decisions poorly? | | |
| 38. Does the client exhibit repetitive behaviors (such as rocking, hand flapping, inflexible routines, rituals, etc.)? | | |

Psychiatric/ Psychological Factors Contributing to Problem Behaviors (please comment on any "yes" responses above that should be addressed in behavior plan):

- | | Residence | Day Program |
|---|------------------|--------------------|
| | Y N ? | Y N ? |
| 48. Does the client do problem behaviors to get his or her way? | | |
| 49. Does the client boss others? | | |
| 50. Is the client manipulative? | | |
| 51. Does the client engage in power struggles? | | |

FUNCTIONAL ANALYSIS QUESTIONNAIRE, CONTINUED

- | | Residence | Day Program |
|---|------------------|--------------------|
| | Y N ? | Y N ? |
| 52. Does the client do the problem behaviors in order to demand something from staff? | | |
| 53. Does the client do the problem behaviors to demand something from peers? | | |
| 54. Does the client do the problem behaviors when something is taken from him or her? | | |
| 55. Does the client do problem behaviors in order to do an activity that he or she likes to do? | | |
- Need for Control/ Tangibles/ Activities Leading to Problem Behaviors (please comment on any relevant “yes” responses above that should be addressed in behavior plan):**
-
-
-
-
-
-
-
-
-

Desire to Escape Tasks Leading to Problem Behaviors:

- | | Residence | Day Program |
|---|------------------|--------------------|
| | Y N ? | Y N ? |
| 56. Do the problem behaviors start when the client is asked to do something? | | |
| 57. Do the problem behaviors stop after requests are withdrawn? | | |
| 58. Do the problem behaviors stop when the client stops doing a requested activity? | | |

59. Do the problem behaviors become worse when staff try to get the client to do the task?

60. Does the client resist requests in order to dramatize a complaint?

61. Does the client overreact to criticism?

62. Secondary Gain: Does the client use his or her disability to avoid doing tasks?

FUNCTIONAL ANALYSIS QUESTIONNAIRE, CONTINUED

Desire to Escape Tasks Leading to Problem Behaviors (please comment on any relevant "yes" responses above that should be addressed in behavior plan):

Interpersonal/ Situational Factors Leading to Problem Behaviors:

Residence			Day Program		
Y	N	?	Y	N	?

63. Does the client have difficulty making conversation?

64. Does the client have negative relationships with staff?

65. Does the client have negative relationships with peers?

66. Does the client show problem behaviors mainly with particular persons?

67. Are the problem behaviors motivated by revenge?

68. Are the problem behaviors related to poor social skills?

69. Are there any cultural issues?

70. Does the client dislike residential activities?

71. Does the client dislike work or day program activities?

