



Functional Adult Screening Tool

Language and Cognitive Profile

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Name _____ Date _____

Diagnosis _____ Onset Date _____

Date of Birth _____ Age _____ Physician _____

Significant Medical History: _____

Significant Social History: _____

FAST is a non-standardized screening tool. It was designed for clinicians to evaluate clients' complete language and cognitive tasks while determining how much assistance is needed to perform functional activities. Since it is non-standardized, it is only necessary to assess areas of concern instead of the entire protocol.

This tool will complement FIM scoring, ASHA Facts, Minimum, Moderate and Maximum cuing styles and other documentation requirements for the amount of support a client needs to complete goal-directed activities.

At the end of each primary section, opportunity is available to comment on the client's functional ability for that area of skill. A small grid is present for indicating the amount of support the client requires to complete tasks. The grid is useful for re-screening purposes to comment on progress. For example, if 95% support was required for task completion, that would be considered maximum assistance. If one week later the client required 85% support for the same task, it would still be categorized as maximum assistance, however, the client improved level of function by 10%. The grid allows for documenting small increments of progress.

Receptive and expressive language, cognition, reading and writing can be profiled in functional situations with this tool. By completion, a clinician will be able to formulate an opinion regarding a client's functional ability, the amount of cuing required to complete tasks and generate recommendations. Based on the amount of personal information collected, it will be easy to implement a functional therapy program designed to meet specific client needs.

RECEPTIVE LANGUAGE

Auditory Comprehension

FOLLOWING ONE-PART DIRECTIONS (also Oral Motor Screen)

- Open your mouth
- Push your cheek using your tongue
- Blow a kiss
- Wiggle your nose
- Move your tongue side to side
- Smile

Note: Combine tasks to increase complexity if appropriate

FOLLOWING TWO-PART DIRECTIONS

- Raise your eyebrows then hand
- Show me how you brush your teeth and use mouthwash
- Place this pen on the bottom of the paper/desk
- Do a dry swallow then open your mouth
- Place your left hand over your right knee and blink your eyes
- Show me where you wear a wedding ring and watch

COMPLEX DIRECTIONS

- Blink your eyes twice, smile with your lips closed then cough
- Point to the ceiling, open your mouth then snap your fingers
- Show me how to use a hammer, screwdriver and a spoon
- Before you say your name, wave hello
- Take a deep breath after you look at the ceiling and point to me

Comments on oral motor function _____

YES/NO RELIABILITY

- Do you use a wheelchair?
- Were you born in _____?
- Do you live alone?
- Do you take medication every other day?
- Is it the afternoon?
- Did you have dinner yet?

RECEPTIVE VOCABULARY

Name items available in the environment for the client to identify by pointing

Prompt: Show me the _____

- Phone
- Trash Can
- Watch
- Shirt
- Other _____
- Tissue
- Blanket
- Floor
- Chair
- Other _____

Delayed Responses? YES NO

Presents with receptive language impairments? YES NO

Level of assistance required to complete tasks: _____

Impression of functional ability: _____

Amount of assistance required:

PERCENTAGE OF SUPPORT REQUIRED BY CLINICIAN TO COMPLETE TASK																					
NONE	MINIMUM					MODERATE										MAXIMUM					FULL
0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	

EXPRESSIVE LANGUAGE

AUTOMATIC SPEECH

Complete the following:

Count from 1-20

Name the months of the year

Recite the alphabet

Suspect apraxia? YES NO

Signs of groping or struggle? YES NO

SINGLE WORD NAMING

Present objects available in the environment for the client to name

Prompt: What is the name for this?

Thumb

Hair

Wrist

Shoes

Other _____

Cup

Wall

Ceiling

Pen

Other _____

SENTENCE LEVEL

Have the client describe the following concepts

Therapist: _____

Wall: _____

Shirt: _____

Medication: _____

CONVERSATIONAL

Have the client respond to the following:

What is a typical day like for you? _____

What is your role at work? _____

What are your hobbies and why they are of interest? _____

What is your goal one month from today? _____

Any idea why I am here to meet you? _____

Fluent and appropriate? YES NO

Tangential or off topic? YES NO

Word finding difficulties?

YES

NO

Thought organization/formulation difficulties?

YES

NO

Presents with expressive language impairments?

YES

NO

Level of assistance required to complete tasks: _____

Impression for communicating needs: _____

Speech production intelligibility: _____

Amount of assistance required:

PERCENTAGE OF SUPPORT REQUIRED BY CLINICIAN TO COMPLETE TASK																				
NONE	MINIMUM					MODERATE										MAXIMUM				FULL
0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100

COGNITION

ORIENTATION

Person Time Place Purpose Cuing required? _____

ATTENTION

Sustains attention for _____ minutes.

Easily distracted? YES NO

Responds to redirection? YES NO

Comments on functional ability: _____

VERBAL SEQUENCING

Name the steps for putting on a dress shirt: _____

Name the steps for preparing a scrambled egg: _____

What steps are required for a safe transfer into a wheelchair? _____

Level of assistance required to complete tasks: _____

PROBLEM SOLVING AND REASONING

How can you get help for an item you are unable to reach? _____

Name two ways to obtain your doctor's phone number: _____

What can you do to be certain all of your medication will be taken on time? _____

You need to take medication every 6 hours three times a day. Your first dose was at 7:00am, what times during the day will you take the rest of your medication? _____

How can you remember who your therapists are and other professionals working with you? _____

MEMORY

Long term/Biographical memory refer to "Personal Inquiry Form"

Prospective Memory

Have client remember that the clinician is a speech-language pathologist. *Recall Time:*

Immediate 5 minutes 30 minutes 45 minutes Cuing required? _____

Have client recall the purpose for the consultation. *Recall Time:*

Immediate 5 minutes 30 minutes 45 minutes Cuing required? _____

New Learning

Read one or both of the paragraphs to assess recall of details based on the provided recall questions listed below. To evaluate delayed recall ask the same questions 15, 30 or 60 minutes later.

Speech Therapy

Speech therapy is not a good title to describe all that they do. Most people believe they only teach people how to talk, however, that is only one small part of their training. A speech therapist will help people process and understand what they hear. They also work with a person's thought organization skills and vocabulary so they can communicate their needs clearly. They also help with a person's thinking and memory skills. What is surprising to learn is that they work with people who have swallowing difficulties. They teach people how to swallow foods and liquids safely so it does not go down the wrong pipe and into their lungs causing a possible pneumonia. A speech therapist does much more than people realize.

Occupational Therapy

Many people believe an occupational therapist helps people find jobs. That is not the case. An occupational therapist helps people return to everyday activities. They assist people with life skills such as getting dressed, bathing, eating and grooming. They also work with writing skills. Some occupational therapists will provide assistance for visual problems as well as hand and wrist injuries. They are very creative. If someone is having a particular problem with dressing or working with an appliance, they will introduce a tool that will make the task easier. An occupational therapist is dedicated to helping people become as independent as possible.

Recall Questions for Speech Therapy

Allotted recall time before answering questions: Immediate 15 min. 30 min. 60 min.

Is the main part of a speech therapist's job to teach people how to talk? YES NO

What other areas do speech therapists provide assistance? _____

Where does food go when it enters the wrong pipe? _____

Delayed Responses?

YES

NO

Level of assistance required to facilitate memory: _____

MEMORY (continued)

Recall Questions for Occupational Therapy

Allotted recall time before answering questions: Immediate 15 min. 30 min. 60 min.

Do occupational therapists help with dressing skills? YES NO

Name two life skills where occupational therapists provide assistance. _____

Some unique areas an occupational therapist addresses are hand and wrist injuries and _____

Delayed Responses? YES NO

Level of assistance required to facilitate memory: _____

General impression for cognitive skills: _____

Amount of assistance required:

PERCENTAGE OF SUPPORT REQUIRED BY CLINICIAN TO COMPLETE TASK																					
NONE	MINIMUM					MODERATE										MAXIMUM					FULL
0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	

PERSONAL INQUIRY

Completed by client if appropriate to assess reading, writing and memory

Name _____ Date _____

Date of birth _____ Age _____ Sex: M F

Address _____ Phone Hm () _____

_____ Phone Wk () _____

_____ Cell () _____

You wear: Glasses Contact Lenses Dentures Hearing Aides

Education Completed: Grammar School High School College Degree _____

Marital Status: Married Single Divorced Widowed

Children: Yes No How many _____

Names of Children Age City of residence

Grandchildren Yes No How many? _____

Names of Grandchildren Age Names of parents

Describe your typical day _____

List your hobbies and interests _____
