

SUBJECT ID: _____

DATE: _____

FUNCTIONING ASSESSMENT SHORT TEST (FAST)

To what extent is the patient experiencing difficulties in the following aspects? Ask the patient about the areas of difficulty in functioning and score according to the following scale: (0): no difficulty, (1): mild difficulty, (2): moderate difficulty, (3): severe difficulty

AUTONOMY	
1. Taking responsibility for a household	(0) (1) (2) (3)
2. Living on your own	(0) (1) (2) (3)
3. Doing the shopping	(0) (1) (2) (3)
4. Taking care of yourself (physical aspects, hygiene)	(0) (1) (2) (3)
OCCUPATIONAL FUNCTIONING	
5. Holding down a paid job	(0) (1) (2) (3)
6. Accomplishing tasks as quickly as necessary	(0) (1) (2) (3)
7. Working in the field in which you were educated	(0) (1) (2) (3)
8. Occupational earnings	(0) (1) (2) (3)
9. Managing the expected work load	(0) (1) (2) (3)
COGNITIVE FUNCTIONING	
10. Ability to concentrate on a book, film	(0) (1) (2) (3)
11. Ability to make mental calculations	(0) (1) (2) (3)
12. Ability to solve a problem adequately	(0) (1) (2) (3)
13. Ability to remember newly-learned names	(0) (1) (2) (3)
14. Ability to learn new information	(0) (1) (2) (3)
FINANCIAL ISSUES	
15. Managing your own money	(0) (1) (2) (3)
16. Spending money in a balanced way	(0) (1) (2) (3)
INTERPERSONAL RELATIONSHIPS	
17. Maintaining a friendship or friendships	(0) (1) (2) (3)
18. Participating in social activities	(0) (1) (2) (3)
19. Having good relationships with people close you	(0) (1) (2) (3)
20. Living together with your family	(0) (1) (2) (3)
21. Having satisfactory sexual relationships	(0) (1) (2) (3)
22. Being able to defend your interests	(0) (1) (2) (3)
LEISURE TIME	
23. Doing exercise or participating in sport	(0) (1) (2) (3)
24. Having hobbies or personal interests	(0) (1) (2) (3)