

FAST Scale

Full name of the patient:	Date assessed:
Full name of the assessor:	

Stage	A.D Stage	Cognitive Age	Functional Assessment
<input type="checkbox"/> 1	Normal Aging		No deficits whatsoever
<input type="checkbox"/> 2	Possible mild Cog Impairment		Complains of forgetting location of objects. Subjective word finding difficulties
<input type="checkbox"/> 3	Mild cog impairment	Adolescent	Decreased job function evident to co- workers; difficulty in traveling to new locations. Decreased organizational capacity
<input type="checkbox"/> 4	Mild Dementia	8-12 yrs old	Decreased ability to perform complex tasks (IADLS) such as bill paying, cooking, cleaning, traveling, handling personal finances
<input type="checkbox"/> 5	Moderate Dementia	5-7 yrs old	Requires assistance in choosing proper clothing to wear for the day, season, and occasion.
<input type="checkbox"/> 6a	Moderately severe dementia	5 yrs old	Difficulty putting on clothes without assistance
<input type="checkbox"/> 6b	Moderately severe dementia	4 yrs old	Unable to bathe properly; eg difficulty adjusting bath wear temp, occasionally or more frequently over the past weeks
<input type="checkbox"/> 6c	Moderately severe dementia	4 yrs old	Inability to handle the mechanics of toileting (forgets to flush, does not wipe properly, or dispose of toilet paper) occasionally or more frequently over past weeks
<input type="checkbox"/> 6d	Moderately severe dementia	3-3.5 yrs old	Urinary incontinence (occasional or more frequent)
<input type="checkbox"/> 6e	Moderately severe dementia	2-3 yrs old	Fecal incontinence (occasional or more frequent over the past week)
<input type="checkbox"/> 7a	Severe Dementia	18 months-newborn	Speaks 5-6 words during the day.
<input type="checkbox"/> 7b	Severe Dementia	18 months-newborn	Speech limited to use of single intelligible word in an average day or over the course of interview (the person may repeat the word over and over)
<input type="checkbox"/> 7c	Severe Dementia	18 months-newborn	Ambulatory ability lost (can't walk without personal assistance)
<input type="checkbox"/> 7d	Severe Dementia	18 months-newborn	Ability to sit up without assistance lost (will fall over without lateral supports)
<input type="checkbox"/> 7e	Severe Dementia	18 months-newborn	Can no longer smile
<input type="checkbox"/> 7f	Severe Dementia	4-12 weeks	Can no longer hold head up

Additional Comments

Here, you can indicate your reasoning as to why you rated your patient as such. If you have conducted other tests, you may indicate them here and what their results are. You can also provide directives to your teammates here, so make sure that they have access to this scale.