#### **Functional Assessment of Cancer Therapy – Pediatric Anorexia/Cachexia**

#### **Patient Version: Age 7-12**

**PART I**:

Below is a list of statements that other people have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Physical Well-being | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pP1* | I lose my balance or fall down easily  | 0 | 1 | 2 | 3 | 4 |
| *pP2* | I have trouble getting myself dressed  | 0 | 1 | 2 | 3 | 4 |
| *pP3-FAACT* | I have trouble running like other children  | 0 | 1 | 2 | 3 | 4 |
| *pP4* | I get tired easily  | 0 | 1 | 2 | 3 | 4 |
| *pP5* | My arms or legs feel weak  | 0 | 1 | 2 | 3 | 4 |
| *pP6* | I get ill easily  | 0 | 1 | 2 | 3 | 4 |
| *pP7* | I have trouble writing with a pen or pencil  | 0 | 1 | 2 | 3 | 4 |
| *pP8* | I have pain  | 0 | 1 | 2 | 3 | 4 |
|  |
|  | Emotional Well-Being & Illness Experience | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pE1* | I feel happy  | 0 | 1 | 2 | 3 | 4 |
| *pE2* | When I try to do something, I usually believe I will do it well  | 0 | 1 | 2 | 3 | 4 |
| *pE3-FAACT* | The cancer/tumor experience makes me a stronger person  | 0 | 1 | 2 | 3 | 4 |
| *pE4-FAACT* | The cancer/tumor experience has taught me to appreciate life  | 0 | 1 | 2 | 3 | 4 |
| *pE5* | I often feel that other children are better than me  | 0 | 1 | 2 | 3 | 4 |
| *pE6-FAACT* | I worry about getting another cancer/tumor  | 0 | 1 | 2 | 3 | 4 |
| *pE7* | I often switch from good moods to bad moods  | 0 | 1 | 2 | 3 | 4 |
| *pE8* | I worry when I go back to the hospital or clinic  | 0 | 1 | 2 | 3 | 4 |
| pE9 | I get nervous (frightened) easily  | 0 | 1 | 2 | 3 | 4 |
| *pE10* | I worry about having a good life in the future  | 0 | 1 | 2 | 3 | 4 |

Below is a list of statements that other people have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Social and Family Well-Being | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pSF1* | Other children pick on (tease) me  | 0 | 1 | 2 | 3 | 4 |
| *pSF2-FAACT* | I think I have fewer friends than other children  | 0 | 1 | 2 | 3 | 4 |
| *pSF3-FAACT* | Other children avoid playing with me because I am different  | 0 | 1 | 2 | 3 | 4 |
| *pSF4* | I feel lonely  | 0 | 1 | 2 | 3 | 4 |
| *pSF5-FAACT* | I would rather play alone than with other children  | 0 | 1 | 2 | 3 | 4 |
| *pSF6* | My parents worry too much about me  | 0 | 1 | 2 | 3 | 4 |
| *pSF7* | My parents spoil me  | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Additional Concerns | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pAC1* | I eat as much as I want  | 0 | 1 | 2 | 3 | 4 |
| *pAC2* | I eat enough food for me to do whatever I need to do  | 0 | 1 | 2 | 3 | 4 |
| *pAC3* | I am worried about my weight  | 0 | 1 | 2 | 3 | 4 |
| *pAC4* | Most food tastes bad to me  | 0 | 1 | 2 | 3 | 4 |
| *pAC5* | I am worried about how thin I am  | 0 | 1 | 2 | 3 | 4 |
| *pAC6* | As soon as I start eating, I feel like stopping  | 0 | 1 | 2 | 3 | 4 |
| *pAC7* | I am afraid to eat because it may make me sick  | 0 | 1 | 2 | 3 | 4 |
| *pAC8* | My family or friends try to get me to eat more  | 0 | 1 | 2 | 3 | 4 |
| *pAC9* | I have been throwing up  | 0 | 1 | 2 | 3 | 4 |
| *pAC10* | When I eat, I seem to get full quickly  | 0 | 1 | 2 | 3 | 4 |
| *pAC11* | I have pain in my stomach  | 0 | 1 | 2 | 3 | 4 |
| *pAC12* | I feel like I am getting better  | 0 | 1 | 2 | 3 | 4 |

**PART 2**:

Please tell us anything else that you think would be important about how you feel about food and eating.