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

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

**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 balance or fall down easily 0 | 0 | 1 | 2 | 3 | 4 |
| *pP2* | I have trouble getting myself dressed  | 0 | 1 | 2 | 3 | 4 |
| *pP3a* | I have trouble running like other people  | 0 | 1 | 2 | 3 | 4 |
| *pP4* | I get tired easily 0 | 0 | 1 | 2 | 3 | 4 |
| *pP5* | My arms or legs feel weak  | 0 | 1 | 2 | 3 | 4 |
| *pP6* | I get ill easily 0 | 0 | 1 | 2 | 3 | 4 |
| *pP7* | I have trouble writing with a pen or pencil 0 | 0 | 1 | 2 | 3 | 4 |
| *pF8* | I have pain 0 | 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 | 0 | 1 | 2 | 3 | 4 |
| *pE2* | When I try to do something, I usually believe I will do it well 0 | 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 | 0 | 1 | 2 | 3 | 4 |
| *pE5a* | I often feel that other people are better than me 0 | 0 | 1 | 2 | 3 | 4 |
| *pE6-FAACT* | I worry about getting another cancer/tumor 0 | 0 | 1 | 2 | 3 | 4 |
| *pE7* | I often switch from good moods to bad moods 0 | 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Emotional Well-Being & Illness Experience (continued) | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
| *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 |
| *pE11a-FAACT* | I worry about being able to have a girlfriend or boyfriend because of my illness  | 0 | 1 | 2 | 3 | 4 |
| *pE12a-FAACT* | I worry about being able to go to college because of my illness  | 0 | 1 | 2 | 3 | 4 |
| *pE13a-FAACT* | I worry about getting a job because of my illness  | 0 | 1 | 2 | 3 | 4 |
|  |
|  | Social and Family Well-Being | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pSF1a* | Other people pick on (tease) me 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF2a* | I think I have fewer friends than others 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF3a-FAACT* | Other people avoid hanging out with me because I am different 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF4* | I feel lonely 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF5a* | I would rather do something by myself than with other people 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF6* | My parents worry too much about me 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF7* | My parents spoil me  | 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 II**:

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