FAACT - Peds 1.0 Child

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 <u>past 7 days</u>.

	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

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	Social and Family Well-Being	Not at all	A little bit	Somewhat	Quite a bit	Very much	
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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	
pACI	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	

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