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

##### Parent Version: Ages 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** |
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|  |
|  |
| *pP1* | My child loses balance or falls down easily  | 0 | 1 | 2 | 3 | 4 |
| *pP2* | My child has trouble getting dressed on his or her own  | 0 | 1 | 2 | 3 | 4 |
| *pP3* | My child has trouble running like other children  | 0 | 1 | 2 | 3 | 4 |
| *pP4* | My child gets tired easily  | 0 | 1 | 2 | 3 | 4 |
| *pP5* | My child’s arms or legs seem weak  | 0 | 1 | 2 | 3 | 4 |
| *pP6* | My child gets ill easily  | 0 | 1 | 2 | 3 | 4 |
| *pP7* | My child has trouble writing with a pen or pencil  | 0 | 1 | 2 | 3 | 4 |
| *pP8* | My child has pain  | 0 | 1 | 2 | 3 | 4 |
|  |
|  | Emotional Well-Being & Illness Experience | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
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|  |
| *pE1* | My child seems happy  | 0 | 1 | 2 | 3 | 4 |
| *pE2* | When my child tries to do something, s/he usually believes s/he will do it well  | 0 | 1 | 2 | 3 | 4 |
| *pE3-FAACT* | The cancer/tumor experience makes my child a stronger person  | 0 | 1 | 2 | 3 | 4 |
| *pE4-FAACT* | The cancer/tumor experience has taught my child to appreciate life  | 0 | 1 | 2 | 3 | 4 |
| *pE5* | My child often feels inferior to other children  | 0 | 1 | 2 | 3 | 4 |
| *pE6* | My child worries about getting another cancer/tumor  | 0 | 1 | 2 | 3 | 4 |
| *pE7* | My child is moody or irritable  | 0 | 1 | 2 | 3 | 4 |
| *pE8* | My child worries when we go back to the hospital or clinic  | 0 | 1 | 2 | 3 | 4 |
| pE9 | My child gets nervous (frightened) easily  | 0 | 1 | 2 | 3 | 4 |
| *pE10* | My child worries 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** |
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|  |
| *pSF1* | Other children pick on (tease) my child  | 0 | 1 | 2 | 3 | 4 |
| *pSF2* | My child has fewer friends than other children  | 0 | 1 | 2 | 3 | 4 |
| *pSF3-FAACT* | Other children avoid playing with my child because s/he is different  | 0 | 1 | 2 | 3 | 4 |
| *pSF4* | My child seems lonely  | 0 | 1 | 2 | 3 | 4 |
| *pSF5* | My child prefers to play alone  | 0 | 1 | 2 | 3 | 4 |
| *pSF6* | My child thinks I worry too much about him/her  | 0 | 1 | 2 | 3 | 4 |
| *pSF7* | My child thinks I spoil him/her  | 0 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Additional Concerns | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
|  |
|  |
| *pAC1* | My child eats as much as s/he wants  | 0 | 1 | 2 | 3 | 4 |
| *pAC2* | My child eats enough to do whatever s/he needs to do  | 0 | 1 | 2 | 3 | 4 |
| *pAC3* | My child is worried about his/her weight  | 0 | 1 | 2 | 3 | 4 |
| *pAC4* | Most food tastes bad to my child  | 0 | 1 | 2 | 3 | 4 |
| *pAC5* | My child is worried about how thin s/he is  | 0 | 1 | 2 | 3 | 4 |
| *pAC6* | As soon as my child starts eating, s/he feels like stopping  | 0 | 1 | 2 | 3 | 4 |
| *pAC7* | My child is afraid to eat because it may make her/him sick  | 0 | 1 | 2 | 3 | 4 |
| *pAC8* | Family or friends try to get my child to eat more  | 0 | 1 | 2 | 3 | 4 |
| *pAC9* | My child has been throwing up  | 0 | 1 | 2 | 3 | 4 |
| *pAC10* | When my child eats, s/he seems to get full quickly  | 0 | 1 | 2 | 3 | 4 |
| *pAC11* | My child has pain in his/her stomach  | 0 | 1 | 2 | 3 | 4 |
| *pAC12* | My child feels like s/he is getting better  | 0 | 1 | 2 | 3 | 4 |

**PART II**:

Please tell us anything else that you think would be important about your child’s weight, eating and nutritional status