FAACT - Peds 1.0 Adolescent

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 <u>past 7 days</u>.

	Physical Well-being	Not at all	A little bit	Somewhat	Quite a bit	Very much
pP1	I lose balance or fall down easily	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	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
pF8	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	Emotional Well-Being & Illness Experience I feel happy	all		Somewhat 2	~	-
pE1		all 0	bit		bit	much
	I feel happy When I try to do something, I usually believe I will do it	all 0	bit 1	2	bit 3	much 4
pE2 pE3-	I feel happy	all 0 0 0	bit 1	2	bit 3	much 4
pE2 pE3- FAACT pE4-	I feel happy When I try to do something, I usually believe I will do it well The cancer/tumor experience makes me a stronger person The cancer/tumor experience has taught me to appreciate	all 0 0 0 0	bit 1 1 1	2 2 2	bit 3 3 3	4 4 4
pE3- FAACT pE4- FAACT	I feel happy	all 0 0 0 0 0	bit 1 1 1 1	2 2 2 2	bit 3 3 3 3	4 4 4 4

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г		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	1	2	3	4
	pSF2a	I think I have fewer friends than others	0	1	2	3	4
	pSF3a- FAACT	Other people avoid hanging out with me because I am different	0	1	2	3	4
	pSF4	I feel lonely		1	2	3	4
	pSF5a	I would rather do something by myself than with other people	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

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	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

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.